

Name  
in  
Full

Joseph Blain

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Euston</u>		Town	County <u>Tulbut</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>4</u>	Age <u>75</u>	Years	Months <u>3</u>	Days <u>1</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Altyn Rigg, England</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Jane Maria Hinchliffe</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Jane Maria Hinchliffe</u>	Father's Birthplace <u>Altyn Rigg, England</u>					
Father's Name <u>Robert Blain</u>	Mother's Birthplace <u>Melmeobry, England</u>						
Mother's Maiden Name <u>Mary Brumwate</u>	How related to deceased <u>Son</u>						
Name of person giving information <u>Robert Blain</u>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Mitral Heart Disease</u>	<u>19</u>	How long <u>3 yrs</u>
Immediate	<u>Dropsy</u>		How long <u>2 mns</u>

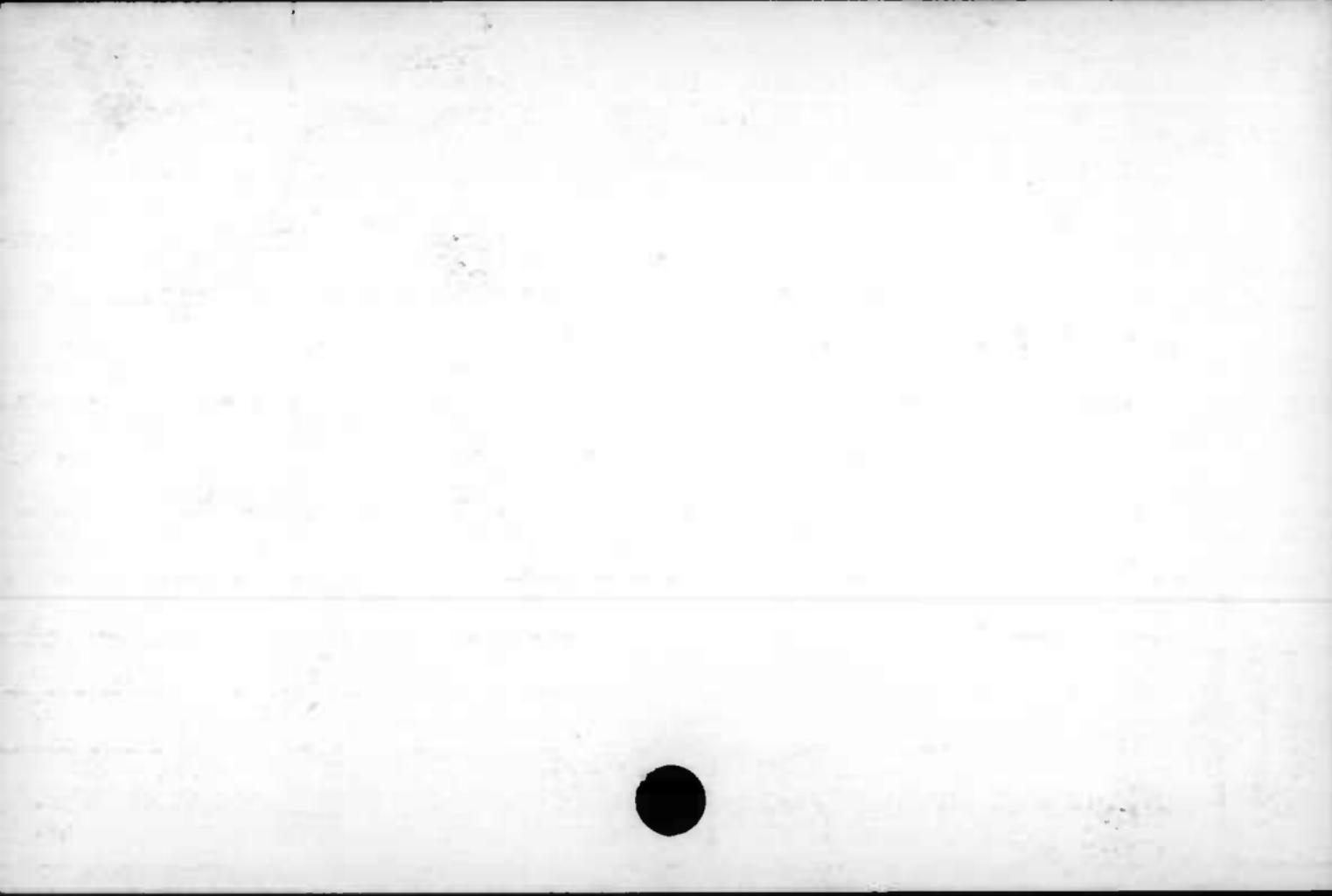
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

AS Sherriff  
Euston

Accident or Suicide?



Name  
in  
Full

Helen Mary Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

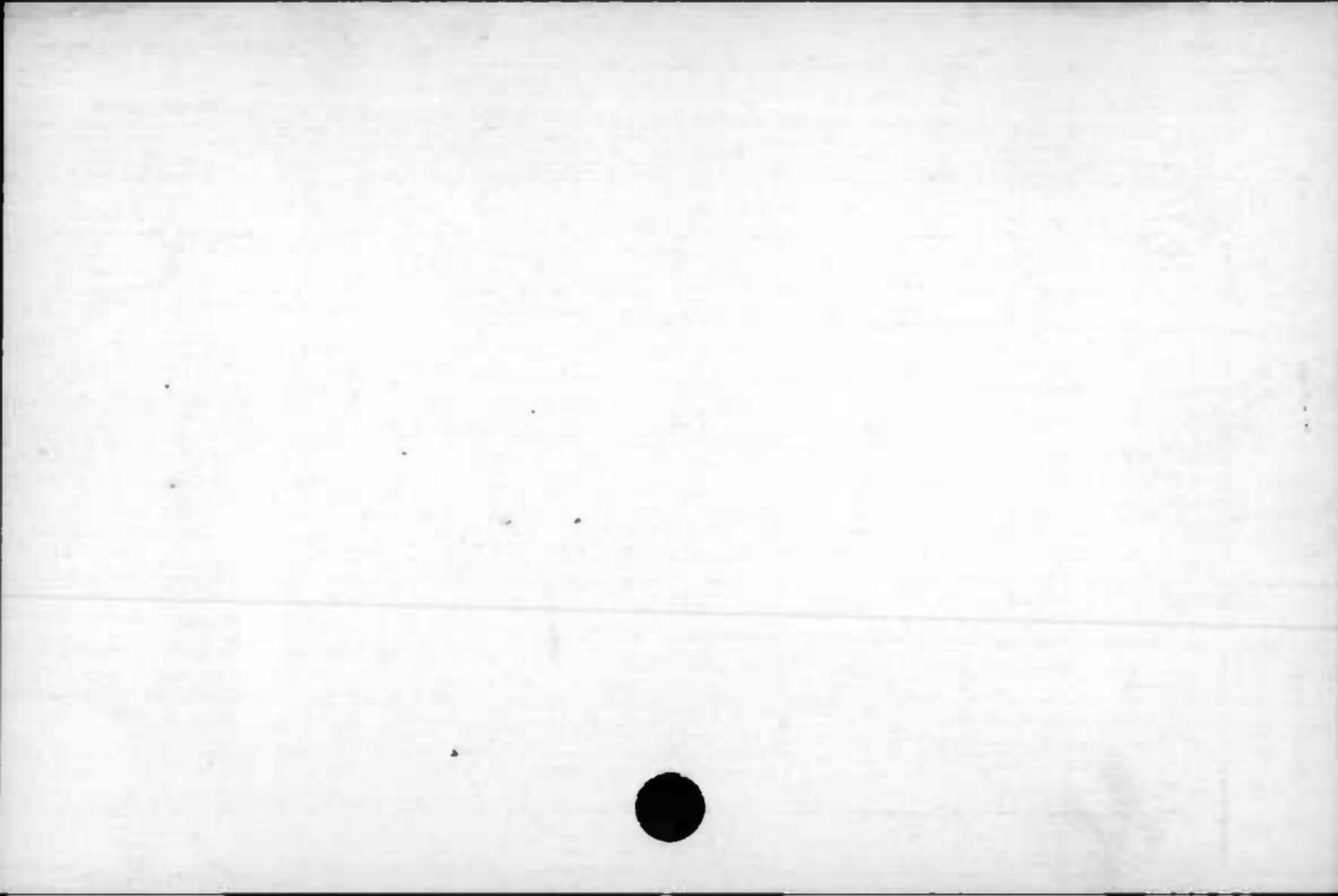
Died at <u>Ebens</u> Town		<u>Count</u> <u>juin</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>2</u>	Age <u>7</u> Years	Months <u>3</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ebens</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Howard Q. Brown</u>	Father's Birthplace <u>Md</u>			
Mother's Maiden Name	<u>Nora V. Huldy</u>	Mother's Birthplace <u>Md</u>			
Name of person giving Information	<u>H. V. Brown</u>	How related to deceased <u>Twin</u>			

CAUSES OF DEATH

Primary	<u>Ebabs -ility</u>	<u>105</u>	How long <u>2 weeks</u>
Immediate	<u>Exhaustion</u>		How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Jas. Sherrill</u>	
Address <u>Ebens (Md)</u>			

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Lenora. Brumwell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <u>near</u>	Town <u>Trappe</u>	County <u>Talbot</u>	MARYLAND
Date of death <u>1905</u>	Month <u>8.</u>	Day <u>19</u>	Years <u>7</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Talbot Co, Md</u>	Months <u>-</u>
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>	Father's Birthplace <u>Talbot Co, Md</u>	
Father's Name <u>George St Brumwell</u>	Mother's Maiden Name <u>Sarah Emily Camper</u>	Mother's Birthplace <u>Talbot Co, Md</u>	
Name of person giving information <u>Geo. St Brumwell</u>	How related to deceased <u>Father'</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Syphilitic Fever

How long

4 weeks.

Immediate

Acute Nephritis

How long

3 days -

Are the name, age, sex, color, date and place correctly given above?

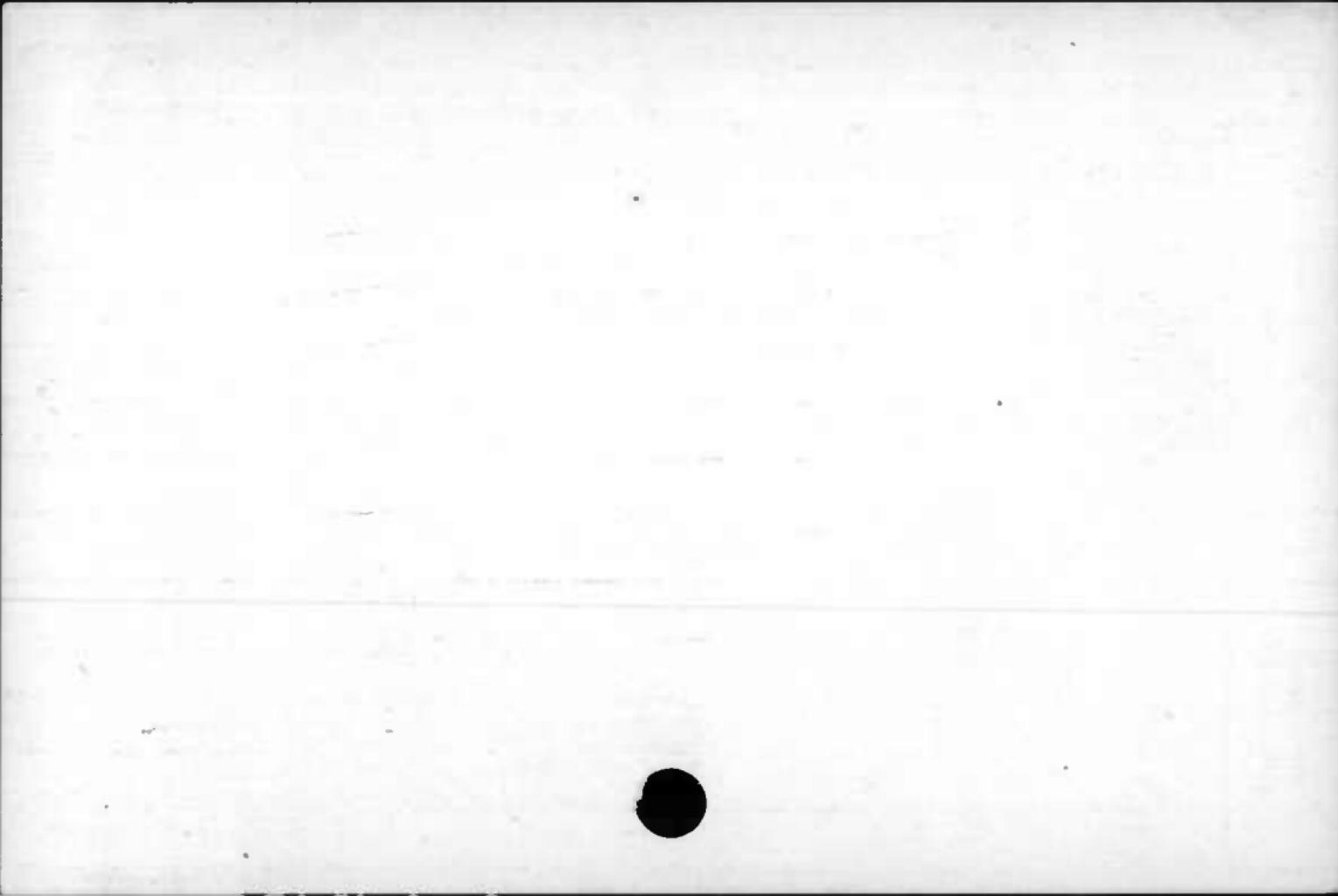
Signature of Physician

Yes

Address

Joseph A. Ross, M.D.  
Trappe, Talbot Co. Md.

Accident or Suicide?



Name  
in  
Full

John Blizardt Lorraine

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	August	2	Age 72 7 23
Sex	Male	Color or Race	White
Occupation	Carpenter		
Married, Single or Widowed	Where Residing if not at place of death		
Moored	Sarah A. Lorraine		
Father's Name	Thomas Lorraine		
Mother's Maiden Name	Martha Lee Wilcutt		
Name of person giving information	W. J. H. Winters		
CAUSES OF DEATH			
Primary	Arteria Sclerotic - Paralysis 20 How long 5 yrs		
Immediate	Nervous - How long 2 mos		

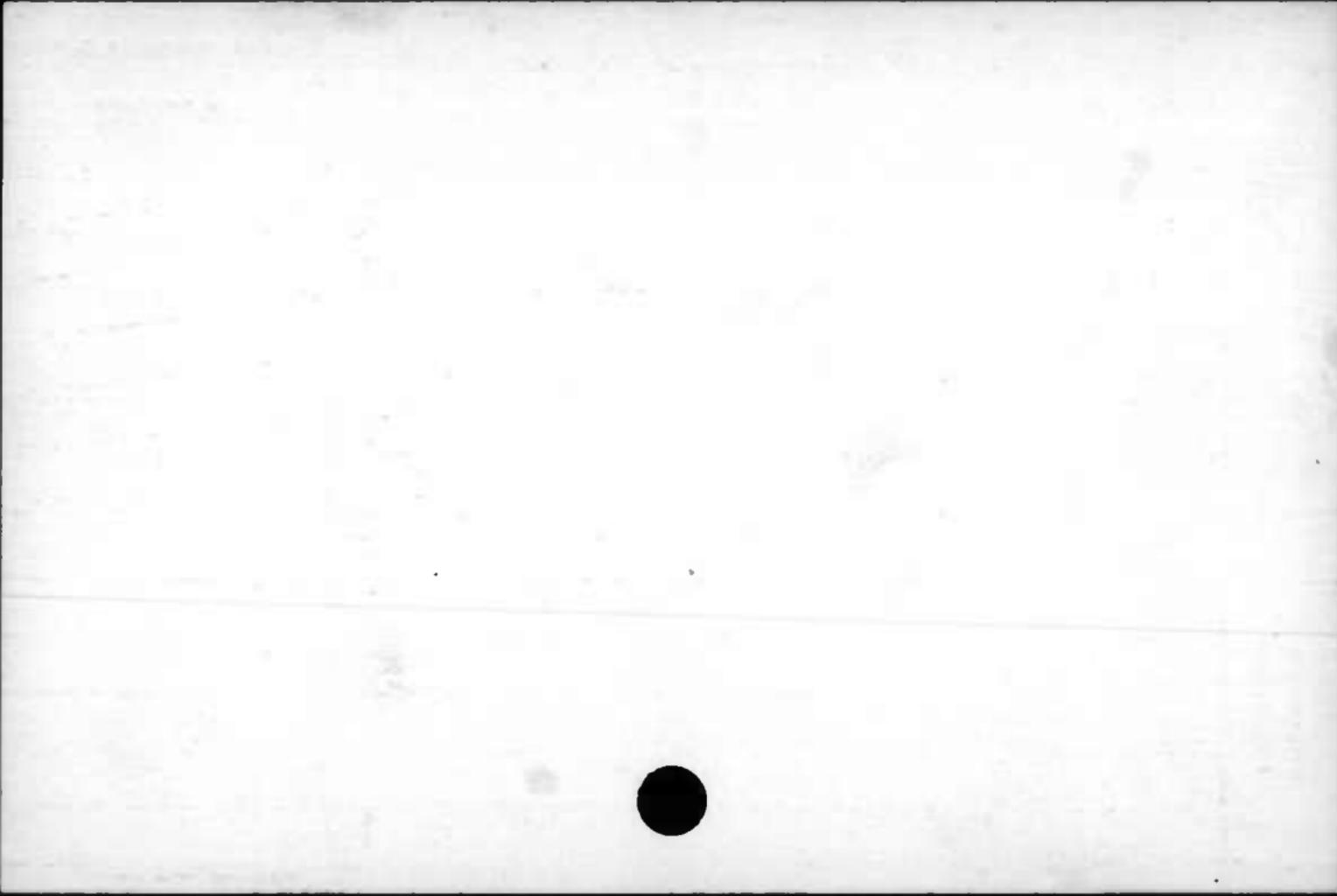
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Henrietta Bephias

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

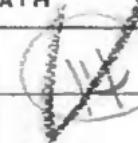
Died at	Town	County	MARYLAND
Date of death	Mont.	Day	Years Months Days
1905	8	21	Age 30
Sex	Female	Color or Race	degro
Occupation	Wife	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Robert Staunton	Father's Birthplace	Talbot Co. Md.
Mother's Maiden Name	Elizabeth Moore.	Mother's Birthplace	Talbot Co. Md
Name of person giving information	Thos Bailey.	How related to deceased	Friend.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute. Dysentery  
Exhaustion



How long

10 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

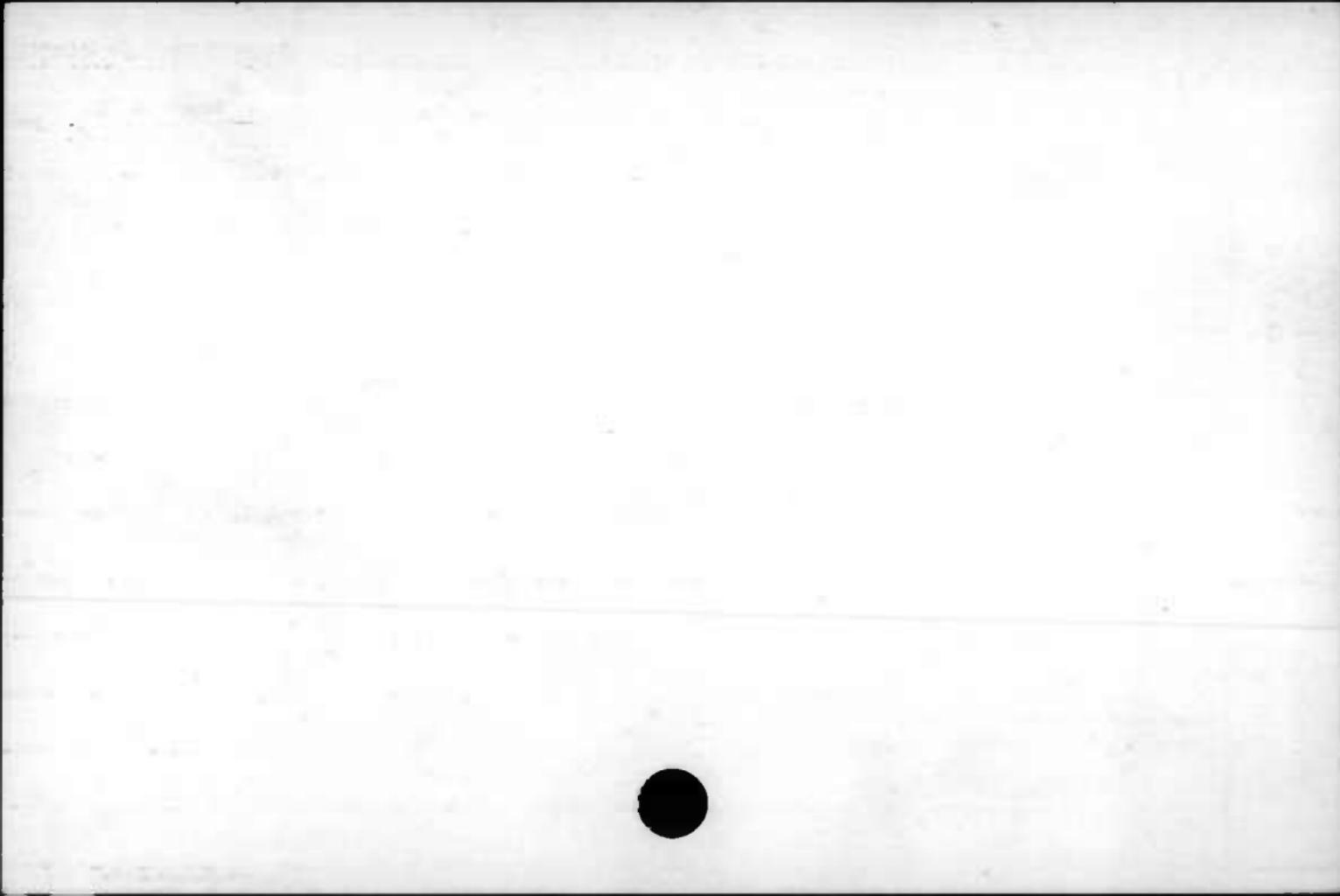
Signature of  
Physician

Address

Joseph A. Root M.D.  
Seaport Talbot Co. Md.

Yes

Accident or Suicide?



Name  
in  
Full

William E. J. Chamberlin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town St Michael	County Talbot	MARYLAND		
Date of death	Month Aug	Day 22	Age	Years	Months
Sex	Male	Color or Race	Colored	Birth- place	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Dr. E. Chamberlin				
Mother's Maiden Name	May C. More				
Name of person giving Information	Dr E. Chamberlin				
Father's Birthplace	Talbot Co				
Mother's Birthplace	Talbot Co				
How related to deceased	Talbot				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Jawndise



How long

about 1 m.

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

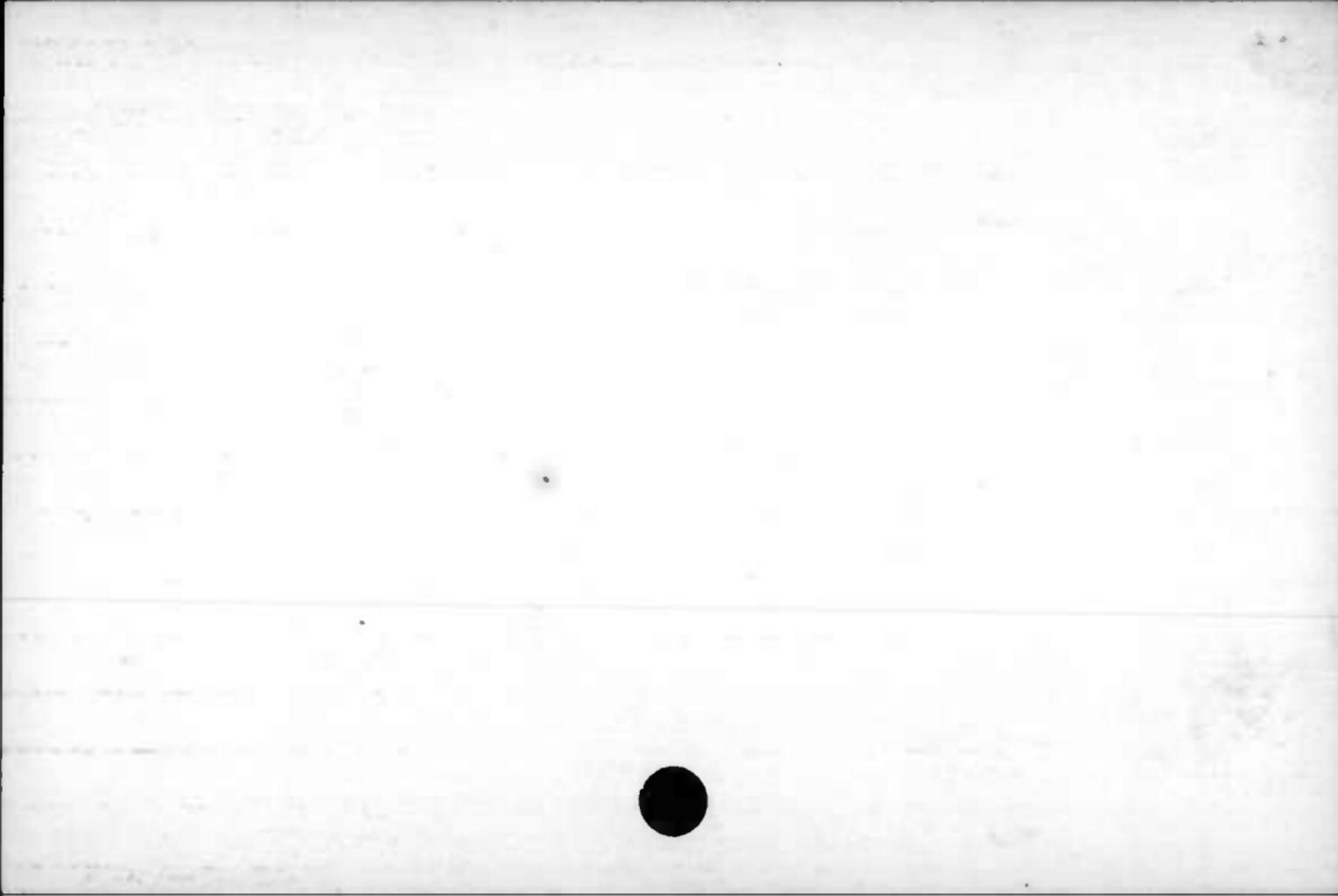
Address

Dr J. B. Dib

St Michael

Md

Accident or Suicide?



Name  
in  
Full

Priscilla Chan 30 Chaplin

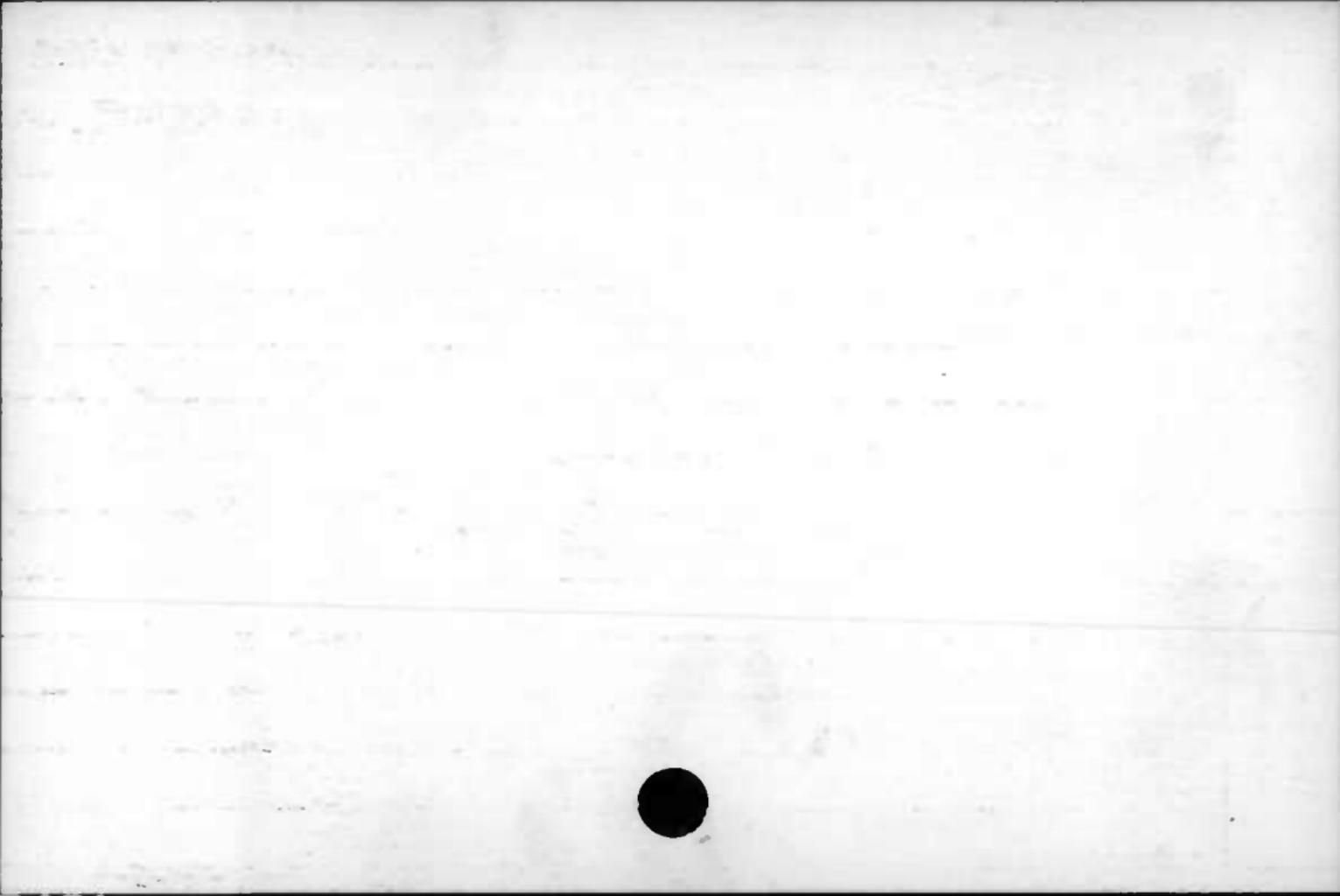
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Chaplin</u>	County <u>Fallop</u>	MARYLAND		
Date of death	Month <u>Aug</u>	Day <u>28th</u>	Years <u>15</u>	Months —	Days —
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth- place <u>Fallop Co. Md</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death →				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband —				
Father's Name <u>W. J. Chan</u>	Father's Birthplace <u>Prince George, Md</u>				
Mother's Maiden Name <u>Annie Richards</u>	Mother's Birthplace <u>Fallop Co. Md</u>				
Name of person giving Information <u>W. J. Chan</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>		How long <u>18 mo</u>
Immediate	<u>Debility</u>		How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Julius A. Johnson</u>	Address <u>Oak Hill Md</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Challate

Chamney

Town

County

Died at

1905

St. Michaels

Talbot

MARYLAND

Date rec'd

Month Aug

Day 25

Y. 48 M. 5 D. 13

Native of

Maryland

Occupation

Male

White

Widow

Divorced

Female

Colored

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Daniel E. Chamney

Mother's Name

Robert Miller

Malinda Miller

Cause of

Primary

Paralysis

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

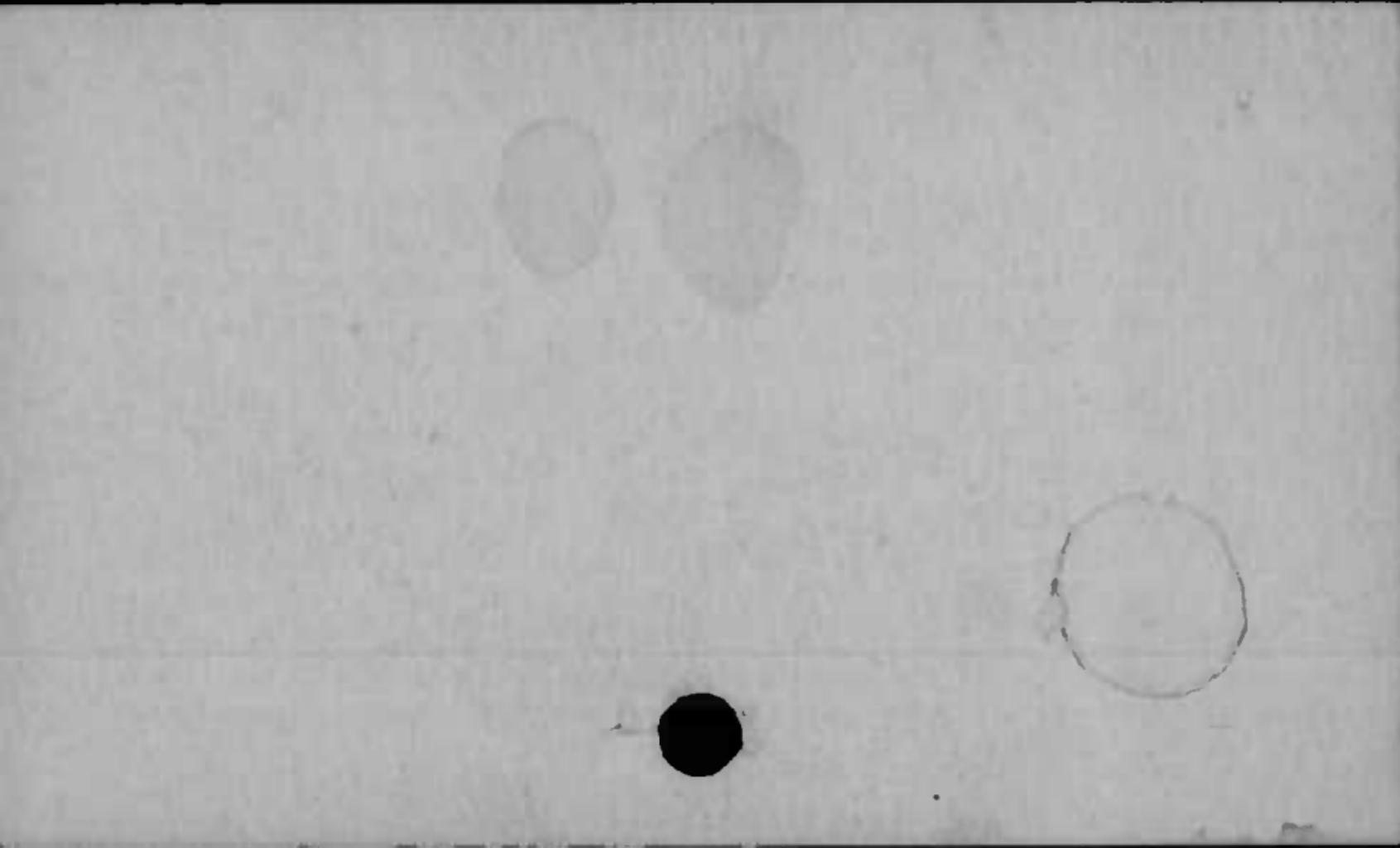
Reported by

Address

G. W. Davis

St. Michaels  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Howard Derish

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Coradova	Calbot			
Date of death	Month	Day	Years	Months	Days
1905	Aug	11	Age 12		
Sex	Male	Color or Race	Colored	Birth-place	Near Coradova
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Perry Derish	Father's Birthplace	Calbot Co		
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information	alred Stright	How related to deceased	no relations		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Indis 2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

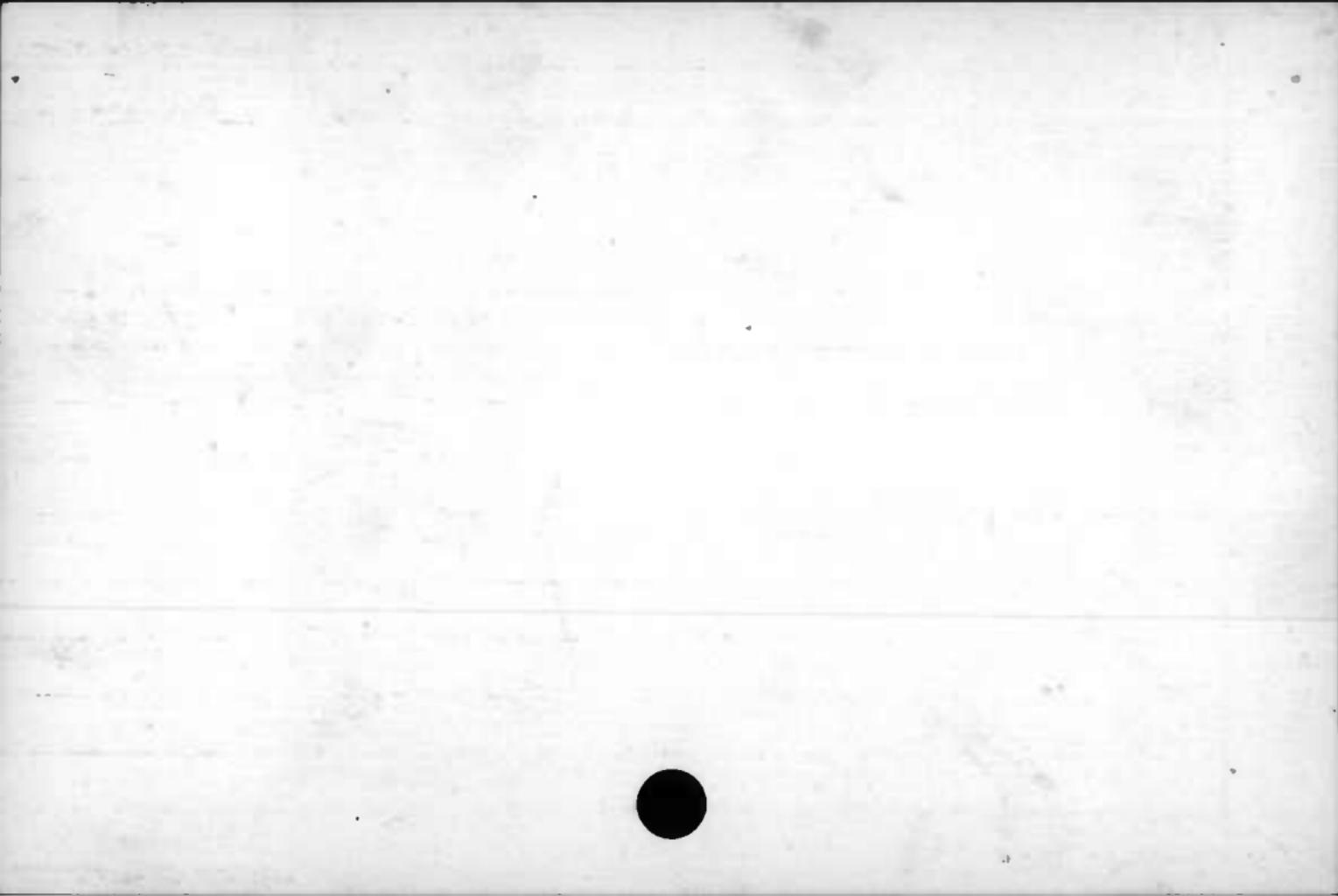
Signature of Physician

Address

J.S. Fori

Coradova Md.

Accident or Suicide?



Name  
in  
Full

- Stillborn

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	8	4	0	0	0
Sex	Female	Color or Race	African	Birth-place	Easton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband S.				
Father's Name	Jas. T. Ollison				
Mother's Maiden Name	Mary Chase				
Name of person giving Information	Jas. T. Ollison				
Father's Birthplace	Talbot Co Md				
Mother's Birthplace	Talbot Co Md				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature labor

How long

24 hrs.

Immediate

Signature of Physician

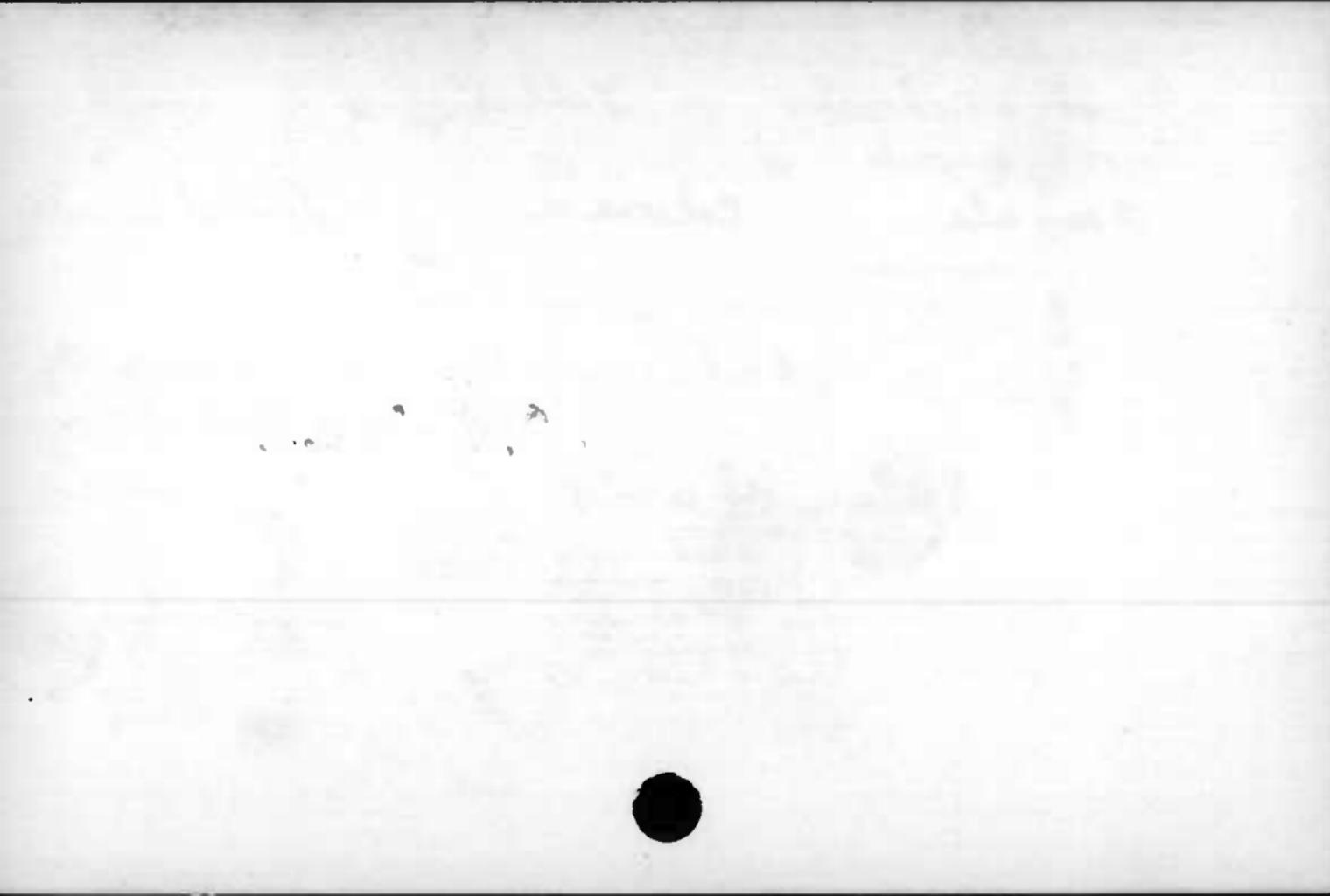
Address

Are the name, age, sex, color, date and place correctly given above?

Yes

J. T. Ollison MD  
Easton Md

Accident or Suicide?



Name  
in  
Full

Gennella Eason

CERTIFICATE OF DEATH

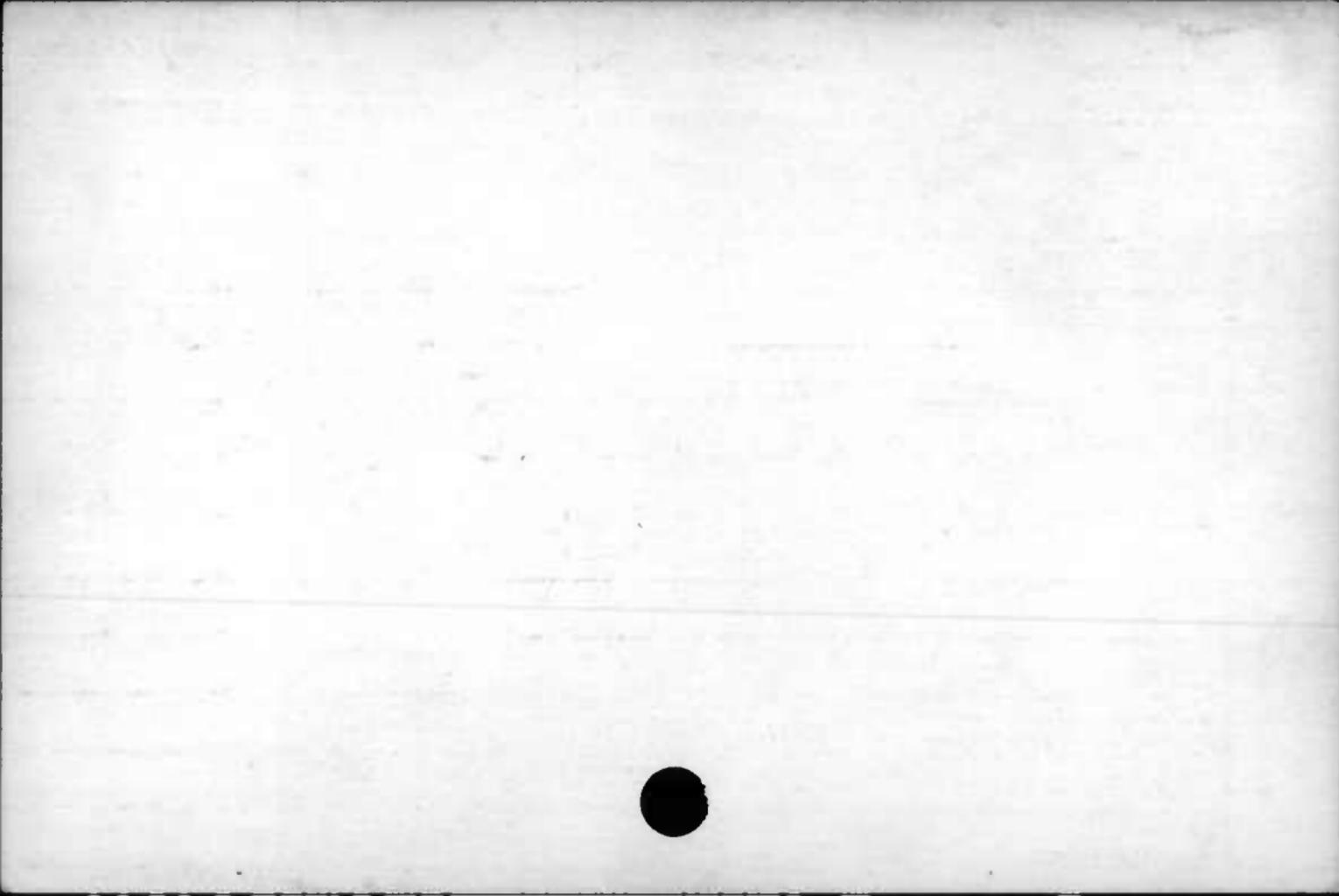
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	St. Michaels	Talbot County				
Date of death	Month	Day	Years	Months	Days	
1905	August	4	13	6	27	
Sex	Female	Color or Race	colored	Birth-place	Talbot County	
Occupation	none		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	-	Father's Birthplace	Talbot Co	
Father's Name	George Askins			Mother's Birthplace	Talbot Co	
Mother's Maiden Name	Annie Eason			How related to deceased	Friend	
Name of person giving information	Julia Harris					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	2 weeks
Immediate	Heart Atheroma		How long	48 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A Blascock	
		Address	St. Michaels Md	
Accident or Suicide?				



Name  
in  
Full

Addison Fletcher

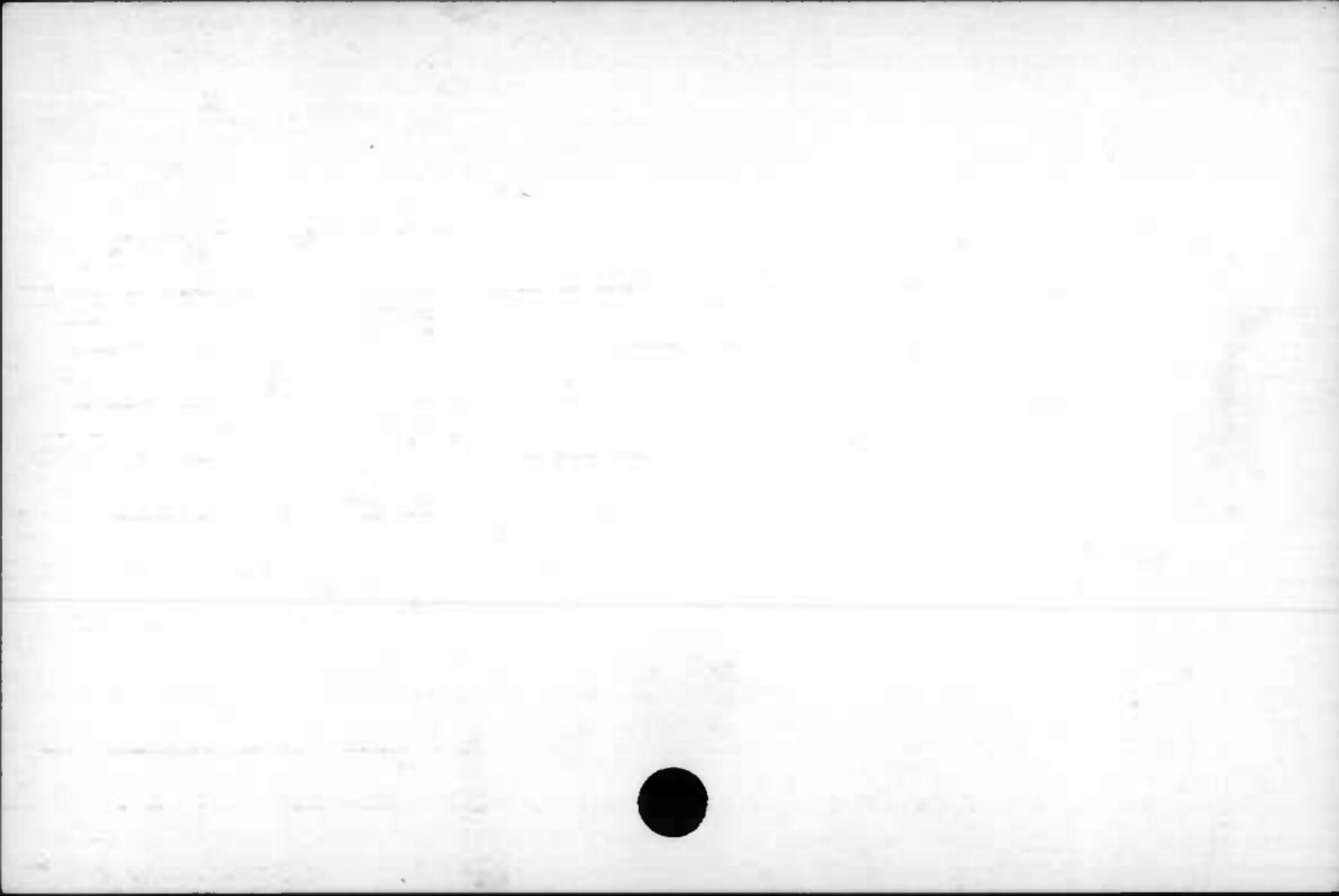
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Trappe</i>	County <i>Salisbury</i>	MARYLAND		
Date of death	Month <i>Aug</i>	Day <i>18</i>	Years <i>22</i>	Months <i>-</i>	Days <i>-</i>
Sex	male	Color or Race <i>african</i>	Birth- place <i>Salisbury Co.</i>		
Occupation	Farm hand	Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Sam'l. Jr. Fletcher</i>		Father's Birthplace <i>md.</i>		
Mother's Maiden Name	<i>Henrietta Tilson</i>		Mother's Birthplace <i>md</i>		
Name of person giving Information			How related to deceased <i>(initials)</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Tuberculosis &amp; Syphilis</i>	How long <i>1 year</i>
	Immediate <i>Exhaustion</i>	How long <i>month</i>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician <i>Wm S. Seymour</i>
		Address <i>Trappe</i>
Accident or Suicide?	no	



Name  
in  
Full

Charles Bonn Flower

CERTIFICATE OF DEATH

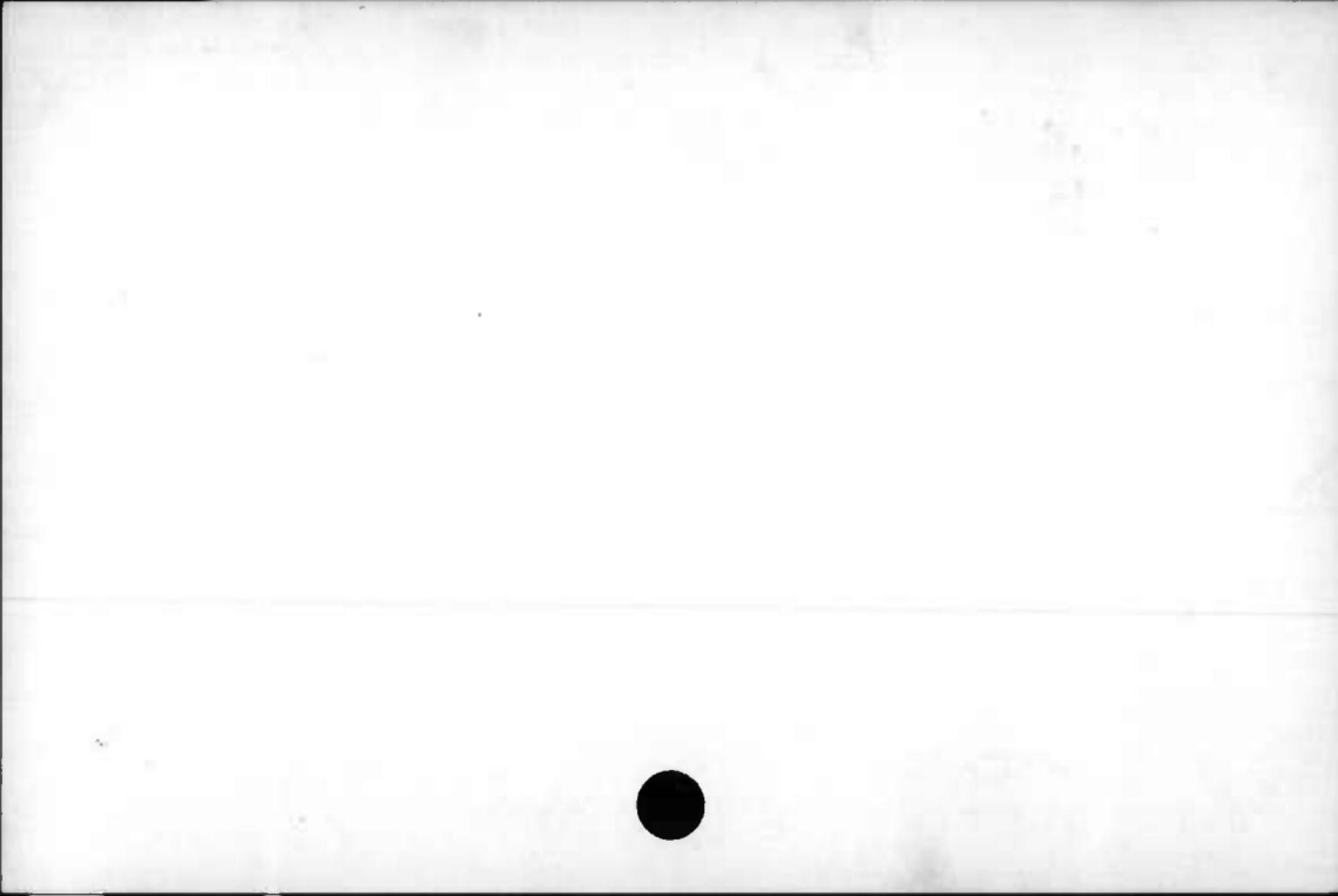
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	56	—	2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lula Flower X			
Father's Name	Williz Flowers	Baltimore			
Mother's Maiden Name	Mary Rumble	Baltimore			
Name of person giving information	B. Walter Flower	Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Vice Pelet Pistols	How long	3 months.
Immediate	General Anesthesia	How long	over week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. P. L. Moore.
		Address	Easton - Md.
Accident or Suicide?			



Name  
in  
Full

Dank Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905 Aug	Month	1	Day	Years	Months	Days
Age	1	Color or Race	Negro	Birth-place	Easton Md		
Sex	male	Occupation	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—				
Father's Name	?	Father's Birthplace					
Mother's Maiden Name	Margaret Fountain	Mother's Birthplace					
Name of person giving information	Margaret Fountain	How related to deceased					

CAUSES OF DEATH

Primary

I saw child first only time  
June 15<sup>th</sup> 05 - then it had Cholera Infantum  
mother says this continued until death.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

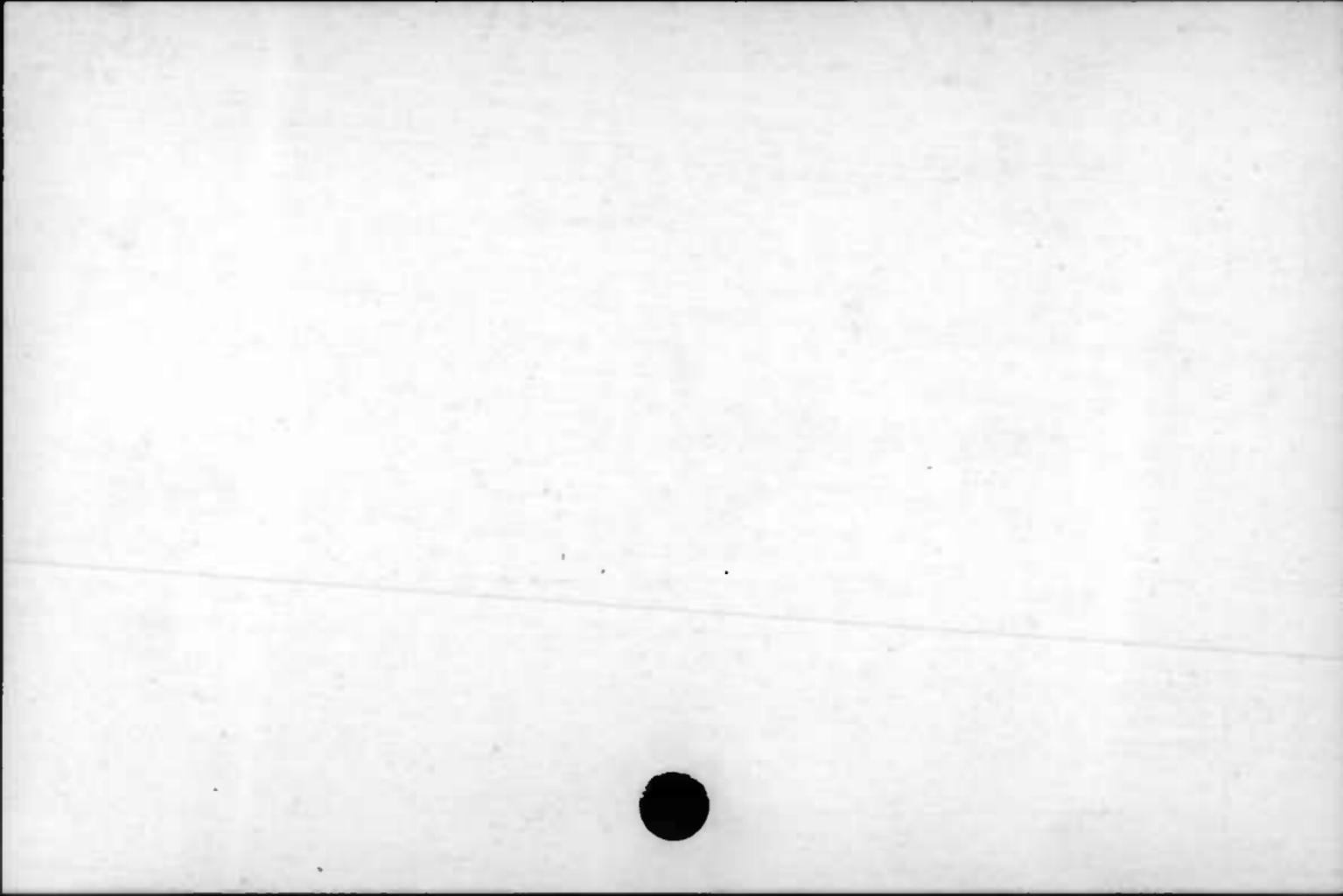
Signature of Physician

Address

Chas. F. Adams  
Easton Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Mary P Gibson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Gibson			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1905 Aug 31 1878 70 Sept  
Female Black Dry Town  
housewife

Married

Anna M Young

Isaac Blake

Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

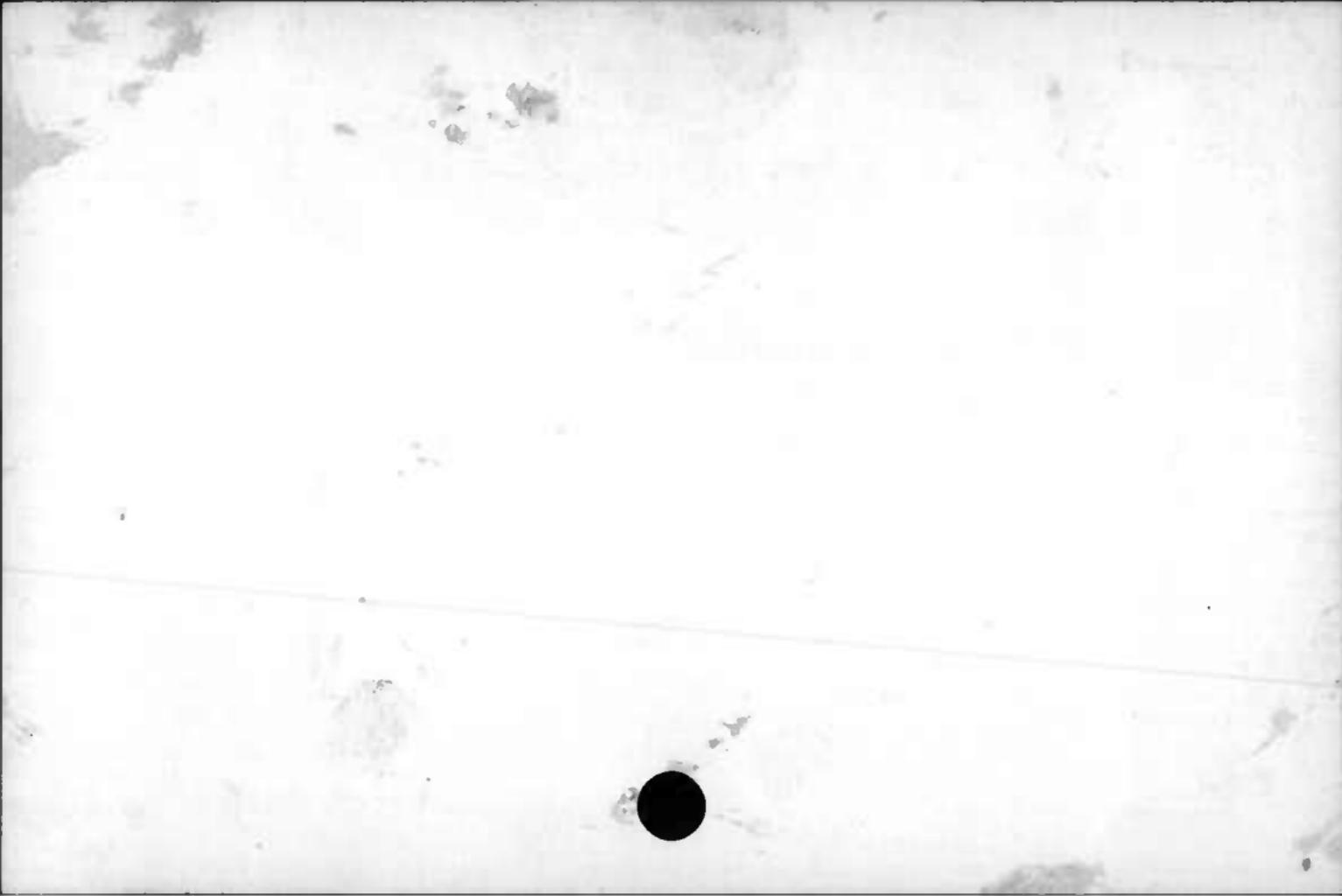
Address

A A Hughes

Midvale

Easton Md

Accident or Suicide?



Name  
in  
Full

Zachariah Glasco

CERTIFICATE OF DEATH

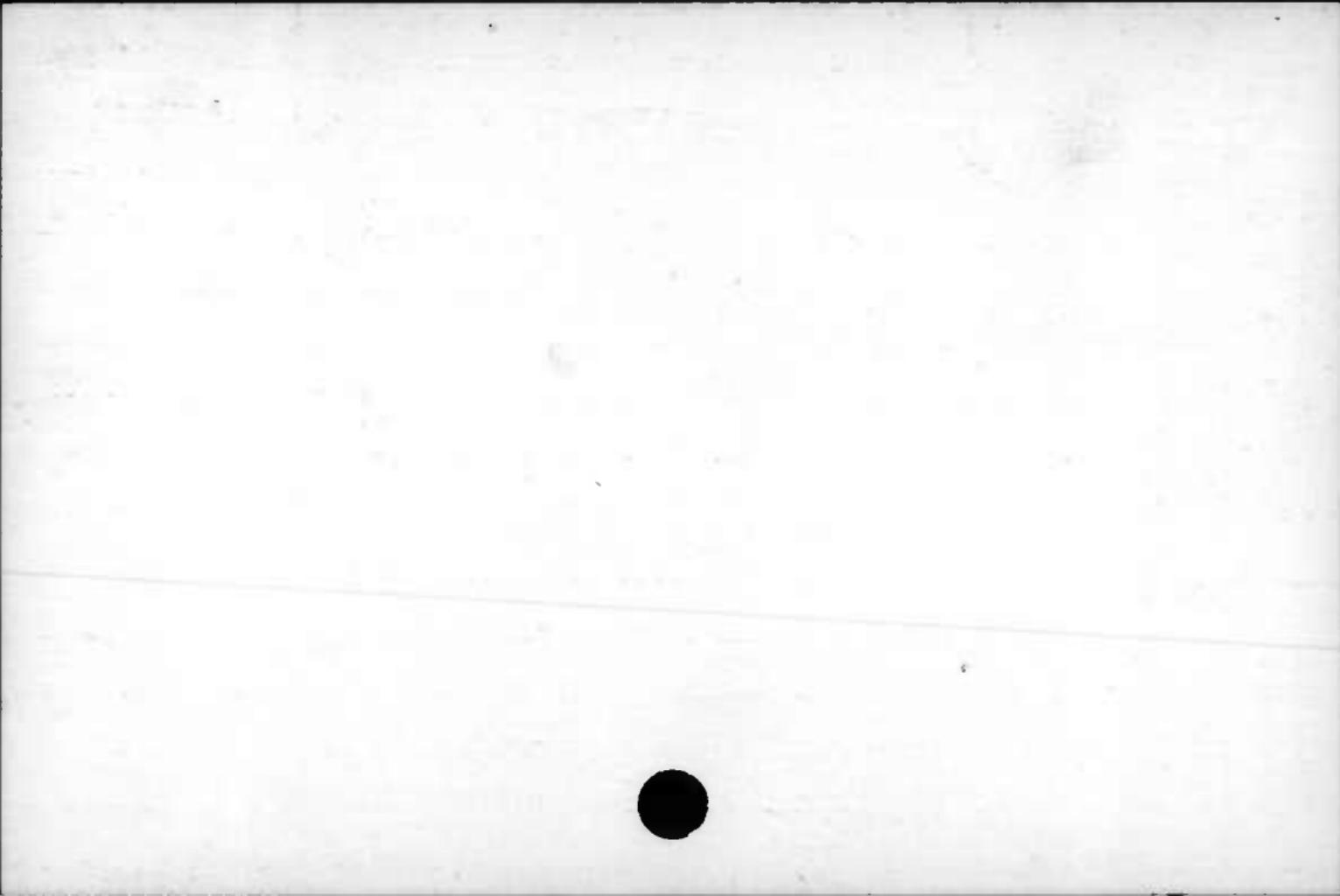
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Mauriville	Dalem-			
Date of death	Month	Day	Years	Months	Days
1905	Aug	12	61		
Sex	Male	Color or Race	Colored	Birth-place: New Bern Co Md	
Occupation	Laborer	Where Residing if not at place of death			
Married, Single or Widowed	Mama	Name of Wife or Husband	Ann Maria Glasco		
Father's Name	Perry Glasco	Father's Birthplace: New Bern Co Md			
Mother's Maiden Name	Jean Jones	Mother's Birthplace: New Bern Co Md			
Name of person giving information	Ann Maria Glasco	How related to deceased: wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright & Valvula Heart-disease		How long: 18 hrs
Immediate	Zachariah		How long: 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Julius A. Johnson
		Address	Easton Md
Accident or Suicide?			



Name  
in  
Full

Kake Hammonad

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Month Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Easton Talbot one or 18  
Female White near Cordova  
Single  
A. H. Hammonad North Eastland  
Martha Gooding New Castle  
C. P. Hammonad Brother

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Typhoid Fever ✓  
Immediate Collapse

How long 8 weeks

How long 2 days.

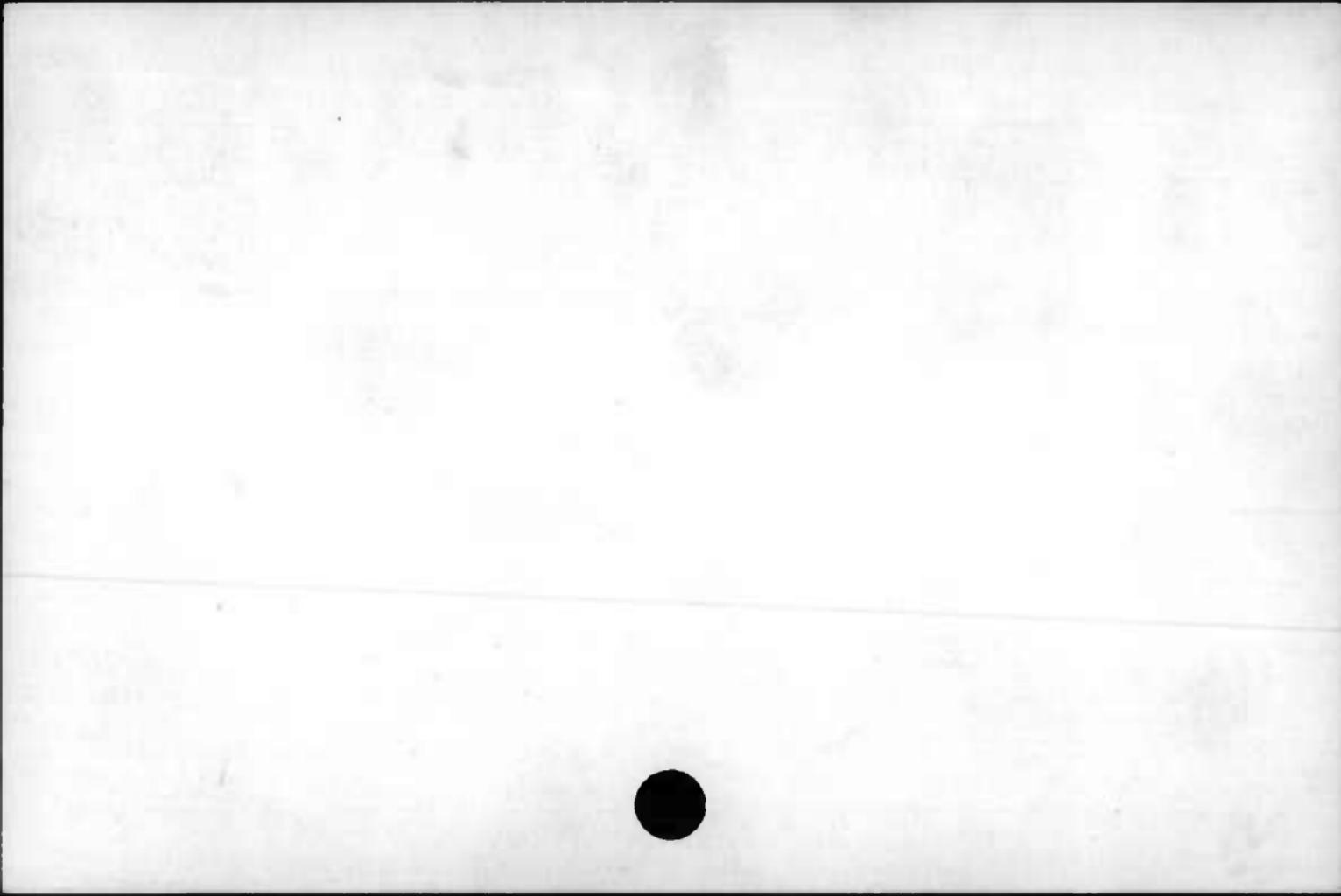
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph S. Hammonad  
Easton, Md.

Accident or Suicide?



Name  
in  
Full

JenKins (mother's name (m.s.)

CERTIFICATE OF DEATH

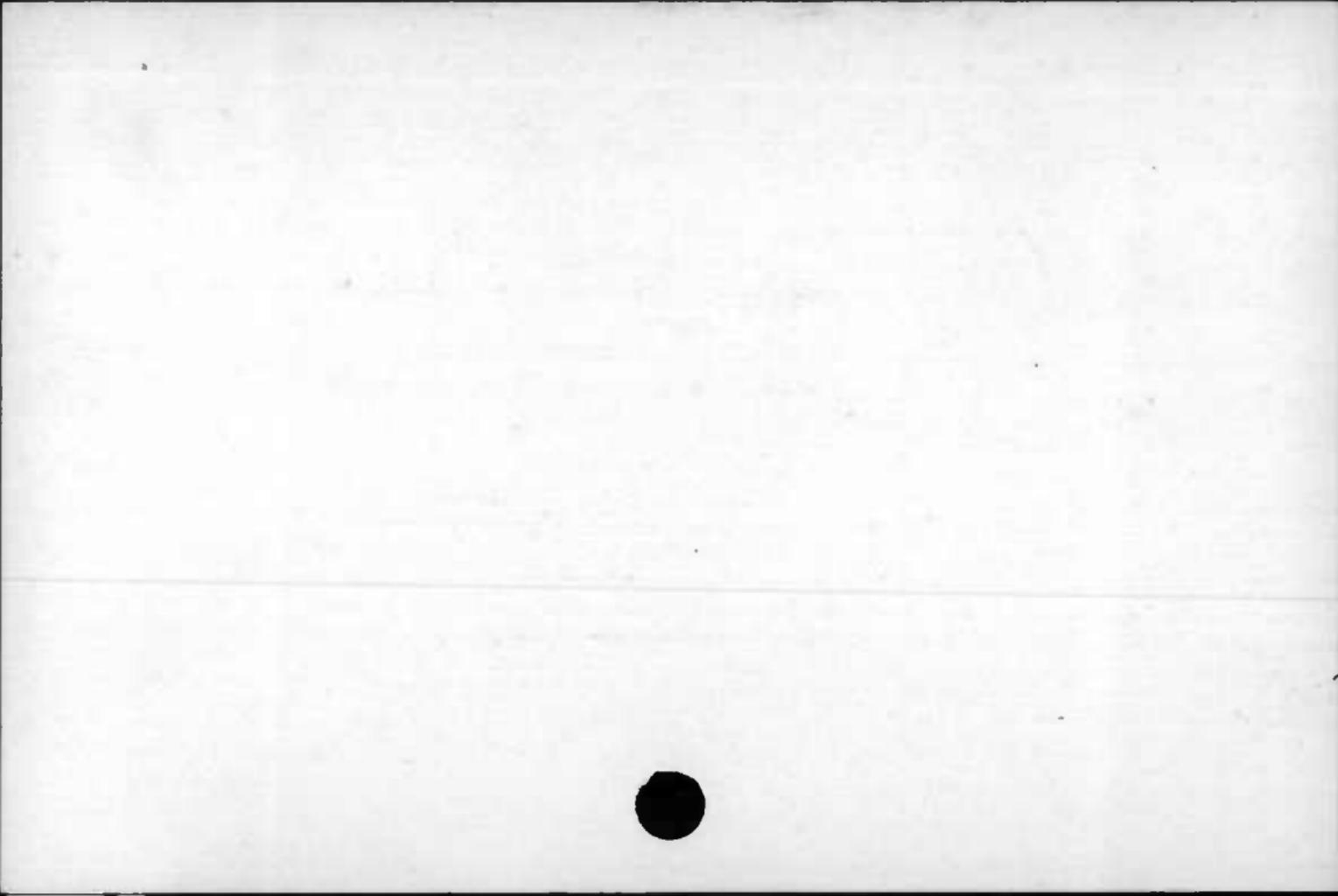
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Easton</i>	Died at		County <i>Delaware</i>	
Date of death	Month <i>1905 Aug</i>	Day <i>16</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex	Female	Color or Race <i>Colored</i>	Birth-place <i>Easton</i>		
Occupation	X	Where Residing if not at place of death X			
Married, Single or Widowed	Single	Name of wife or Husband X			
Father's Name	don't know S.			Father's Birthplace X	
Mother's Maiden Name	Laura Jenkins			Mother's Birthplace <i>Easton</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long X
Immediate	dead born S.	How long X	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henrsta Butter</i>	Address <i>Mulmple</i>	
Accident or Suicide?	Easton		



Name  
in  
Full

Baby Wm. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Queen Anne Taber County

MARYLAND

Date of death 1905	Month 8	Day 4	Years _____	Months _____	Hours 10 hours
Sex Male	Color or Race Colored	Birth-place New Queen Anne			
Occupation _____	Where Residing if not at place of death _____				_____
Married, Single or Widowed _____	Name of Wife or Husband _____	Father's Birthplace New Trappe	Mother's Birthplace Hillsboro	How related to deceased _____	
Father's Name Wm. Jones	Mother's Maiden Name Lottie Youngay	How related to deceased _____			
Name of person giving Information Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature

How long

Immediate

How long

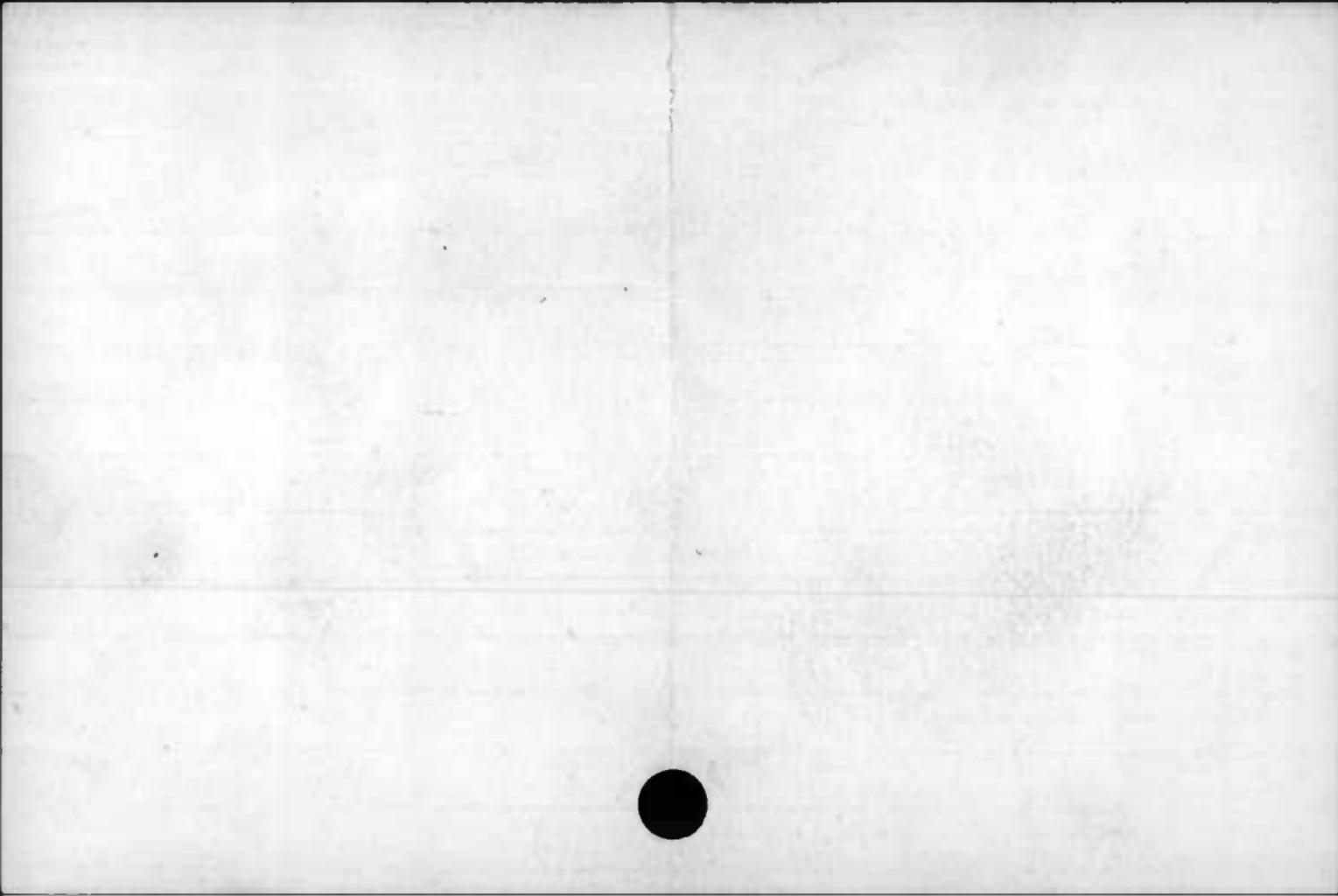
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Robley Jackson  
Queen Anne  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John W. J. McQuay

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name			
Mother's Maiden Name			
Name of person giving Information			

Baltimore Talbot 7 12  
Male white 76 7 12  
Dyerwoman Baltimore  
Married Nora McQuay  
Robert H. McQuay Talbot 5  
Josephine James Talbot 5  
J. P. H. McQuay Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typho-Malaria (Tent) about 3 weeks

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

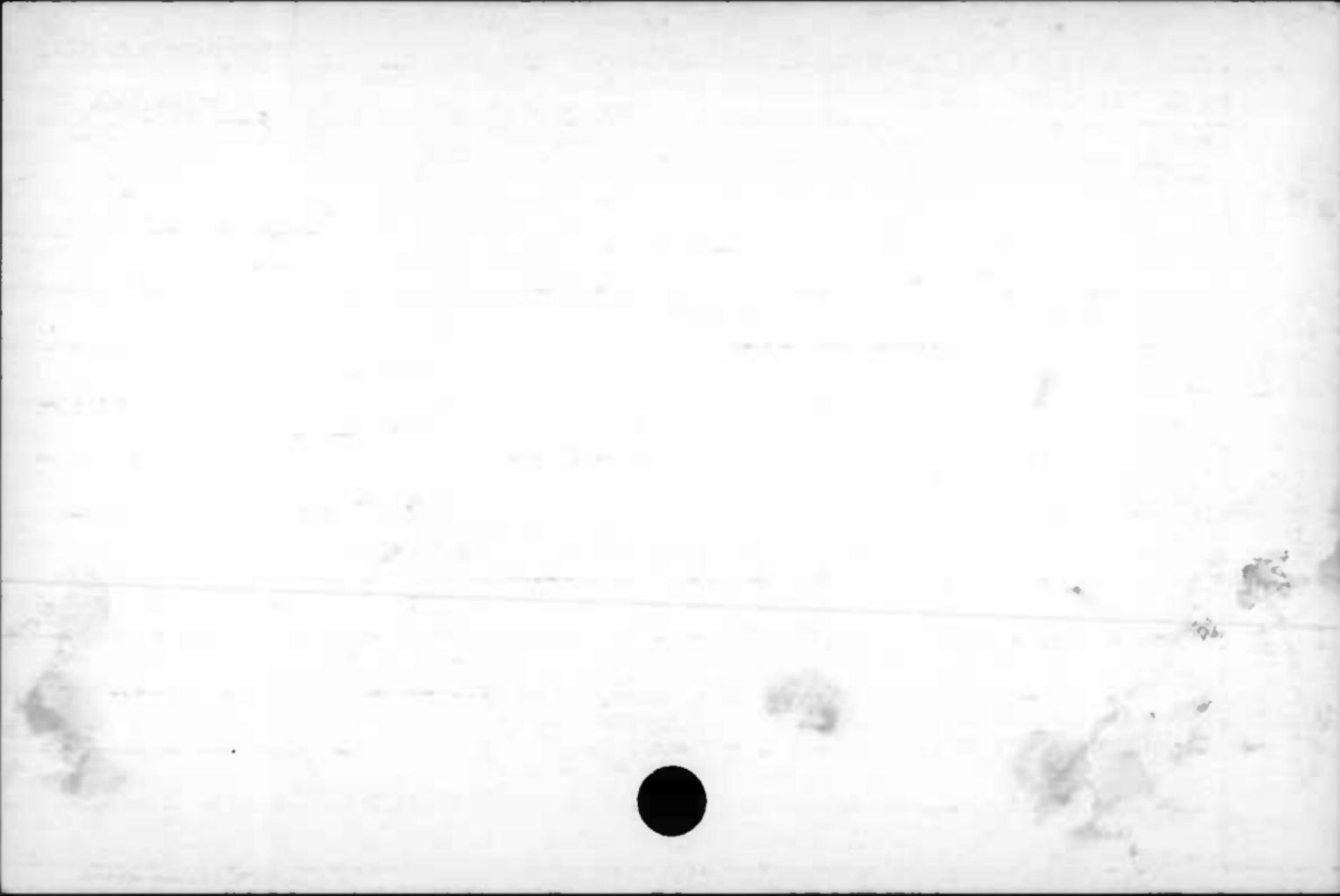
Signature  
Physician

J. P. H.

Address

Dr. J. B. Silber  
28 Michael  
Md

Accident or Suicide?



Name  
in  
Full

Sarah L. Mathews

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Aug	4th	66	-	-	
Sex	Female	Color or Race	White	Birth-place	Trappe Md	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Mother	Name of Wife or Husband	Jas. A. Mathews			
Father's Name	Jesse Bullen		Father's Birthplace	Talbot Co Md		
Mother's Maiden Name	Mary Carkron		Mother's Birthplace	Dorchester Co Md		
Name of person giving information	Jas. A. Mathews		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis Agitans (63)

How long

3 years

Immediate

Dr. Hauser

How long

6m days

Are the name, age, sex, color, date and place correctly given above?

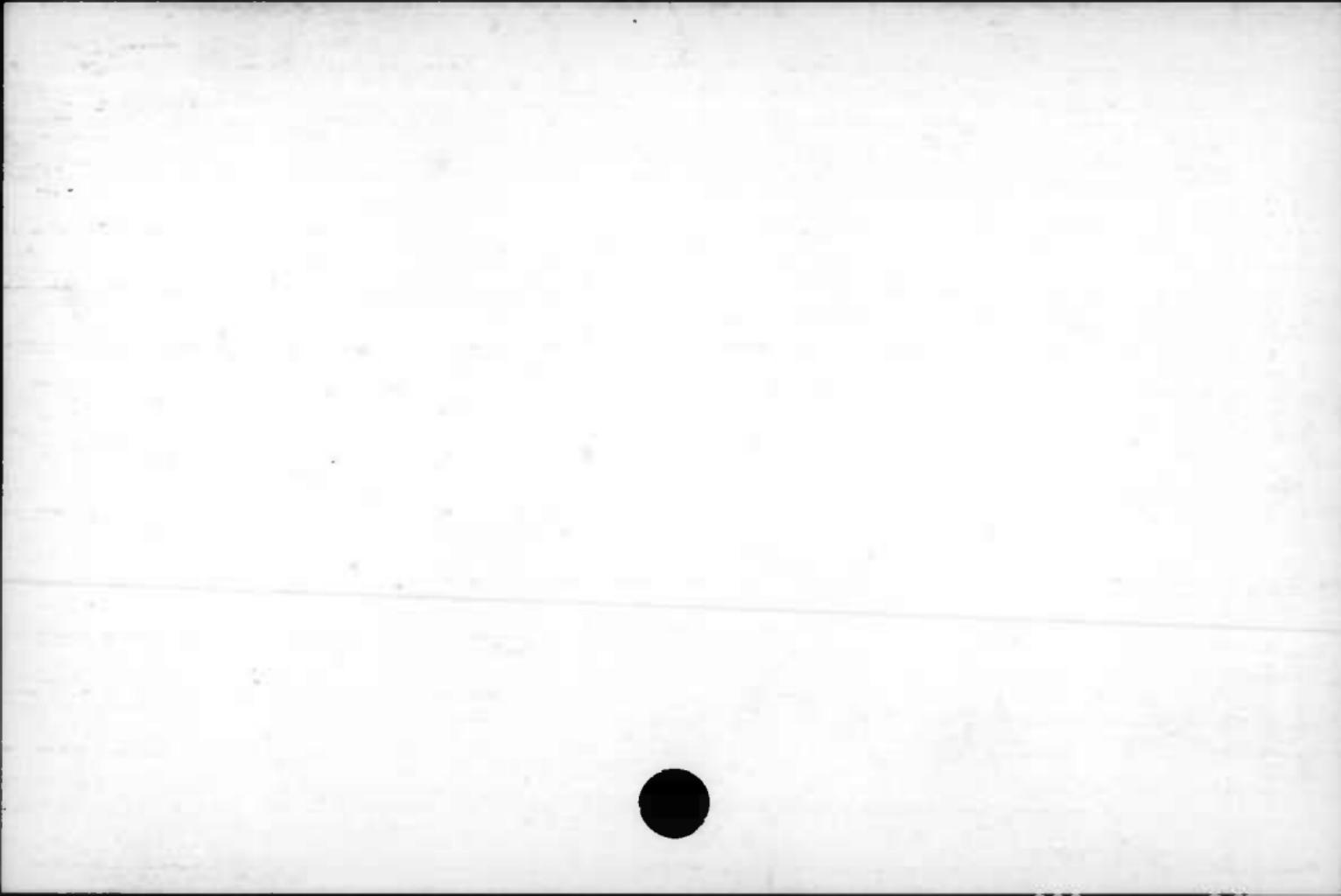
Yes

Signature of Physician

Address

Julius A. Juhn  
Coastin Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Elmer Miller					CERTIFICATE OF DEATH	
Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Died at Easter	Aug	2	2	2		
Sex	Male	Color or Race	Black	Birth-place	Birth-place	Birth-place
Occupation	X	Where Residing if not at place of death	X			
Married, Single or Widowed		Name of Wife or Husband	X			
Father's Name	Gus Miller			Father's Birthplace	old	
Mother's Maiden Name	Alberta Goldsborough			Mother's Birthplace	old	
Name of person giving information	Alberta Miller			How related to deceased	Mother	
CAUSES OF DEATH						
Primary	Sick Stomach	(10)		How long		
Immediate				How long		

Accident or Suicide?

Are the name, age, sex, color, date and place correctly given above?

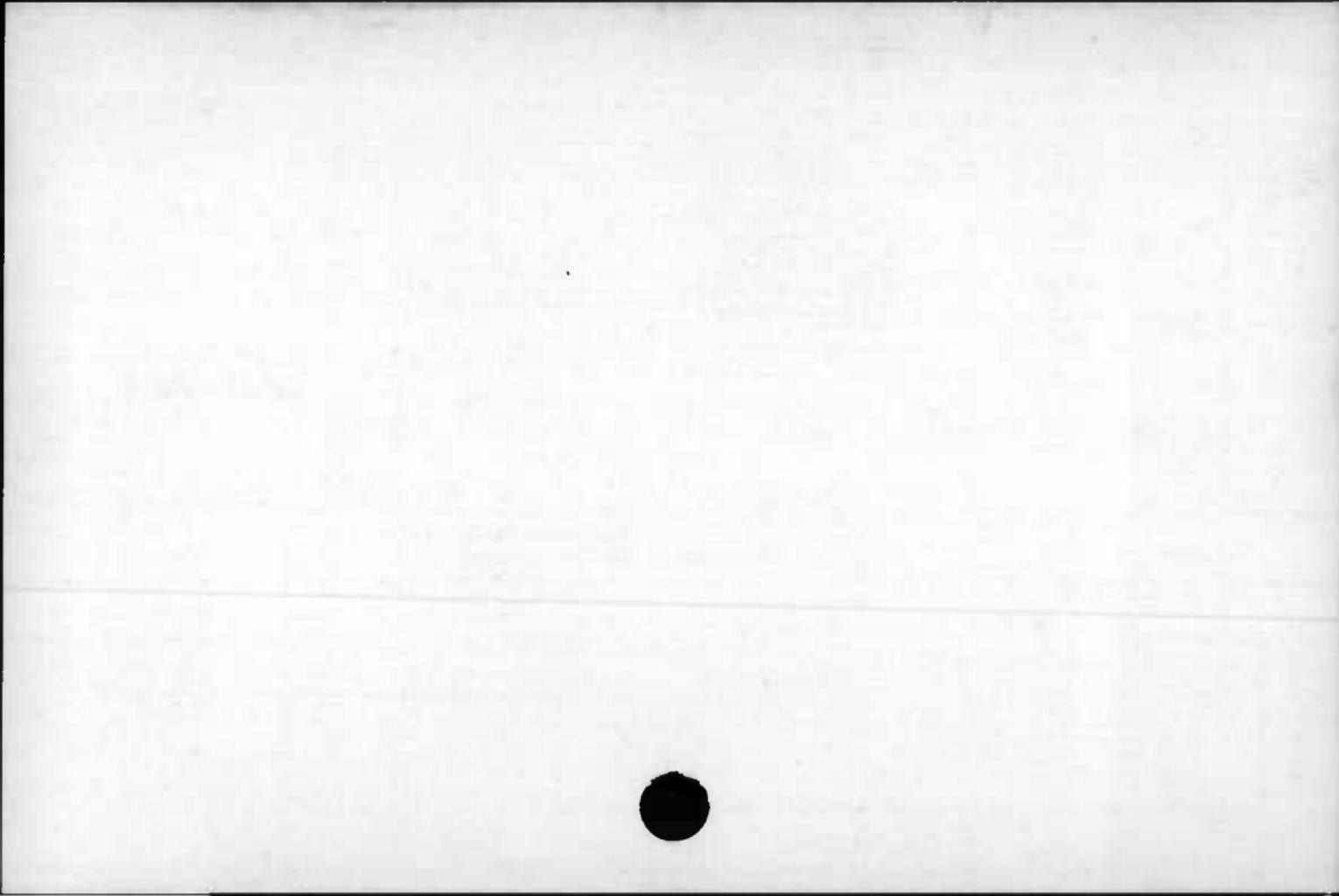
Yes

Signature of Physician

No physician

Address

John D. Haibank  
Acting Physician  
Easter



Name  
in  
Full

W. H. Hyt Paetorfield

## CERTIFICATE OF DEATH

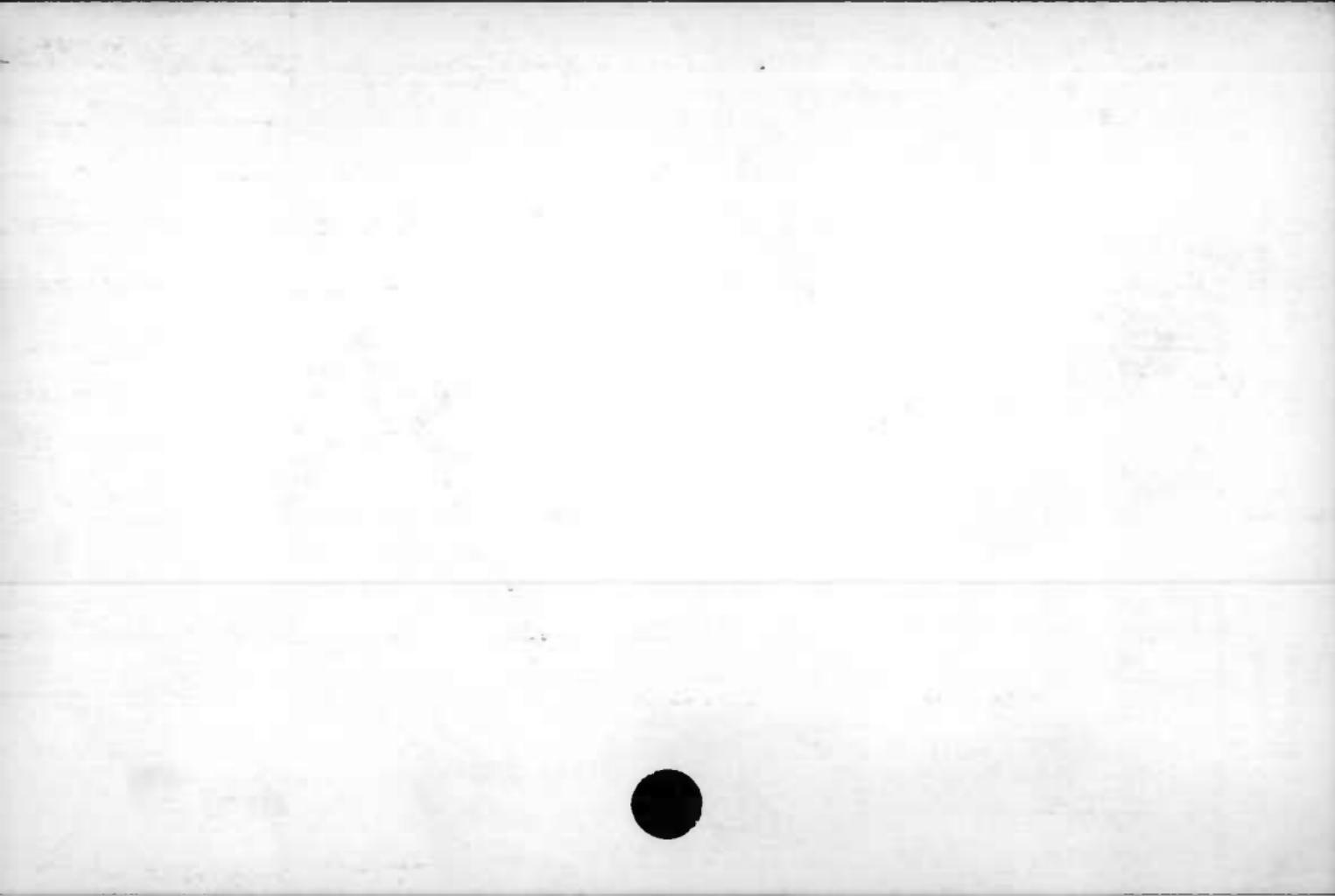
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	C. V. Paetorfield	
Father's Name	John D. Paetorfield		
Mother's Maiden Name	Sarah Ann Falkner		
Name of person giving Information	Magdalen Paetorfield		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac hypertrophy	
Immediate	acute dilation	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Alex. H Radcliffe Jr

## CERTIFICATE OF DEATH

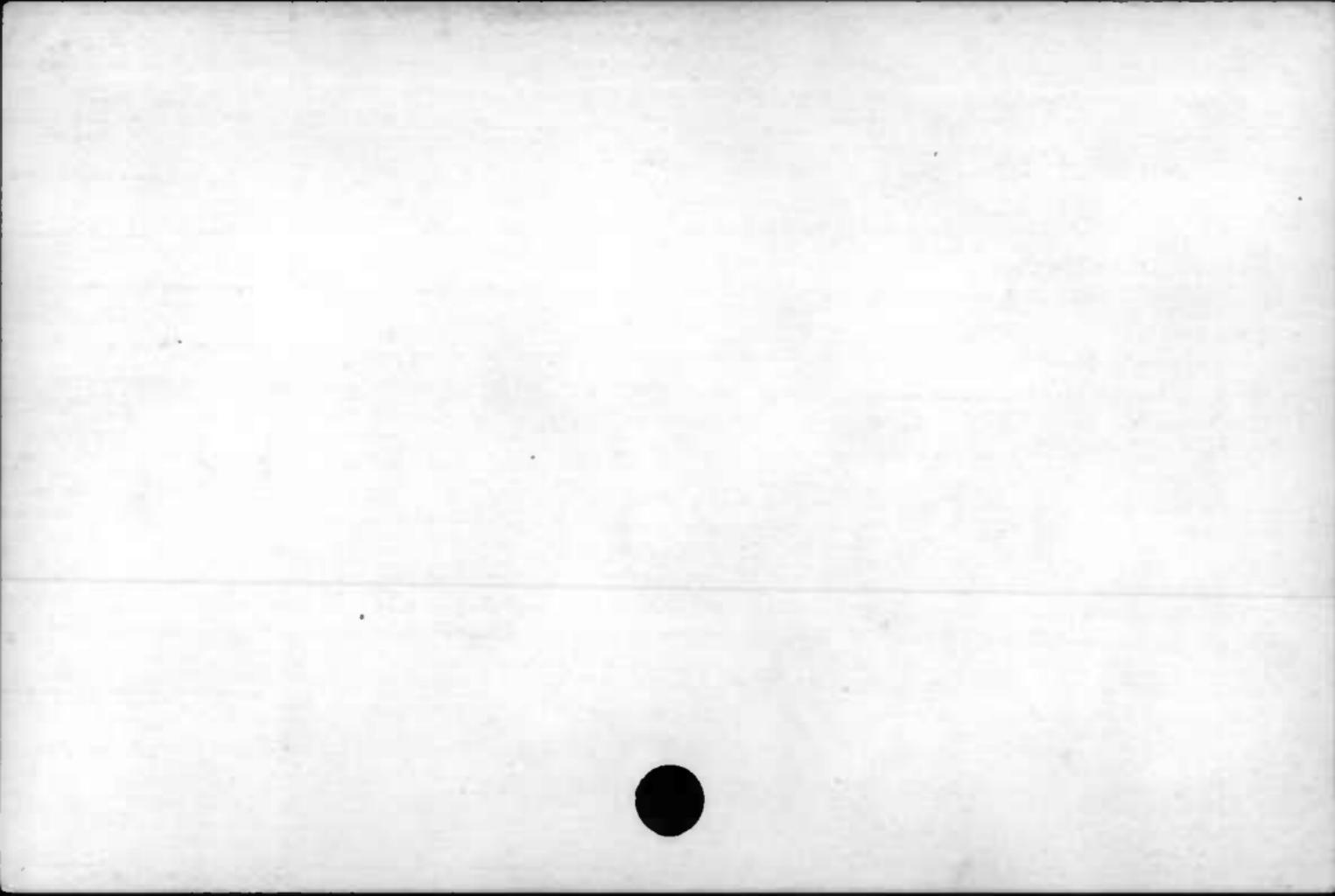
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race				Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Alex. H. Radcliffe			Father's Birthplace	St. Michaels MD	
Mother's Maiden Name	Corinne B. Willey			Mother's Birthplace	St. Michaelson	
Name of person giving information	Chas. E. Willey			How related to deceased	Grand-Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteric. Colitis		How long	4 weeks
Immediate	Seiz Asthma		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. B. Gleason	
		Address	St. Michaels md	
Accident or Suicide?				



Name  
in  
Full

Beatrice Roberts

CERTIFICATE OF DEATH

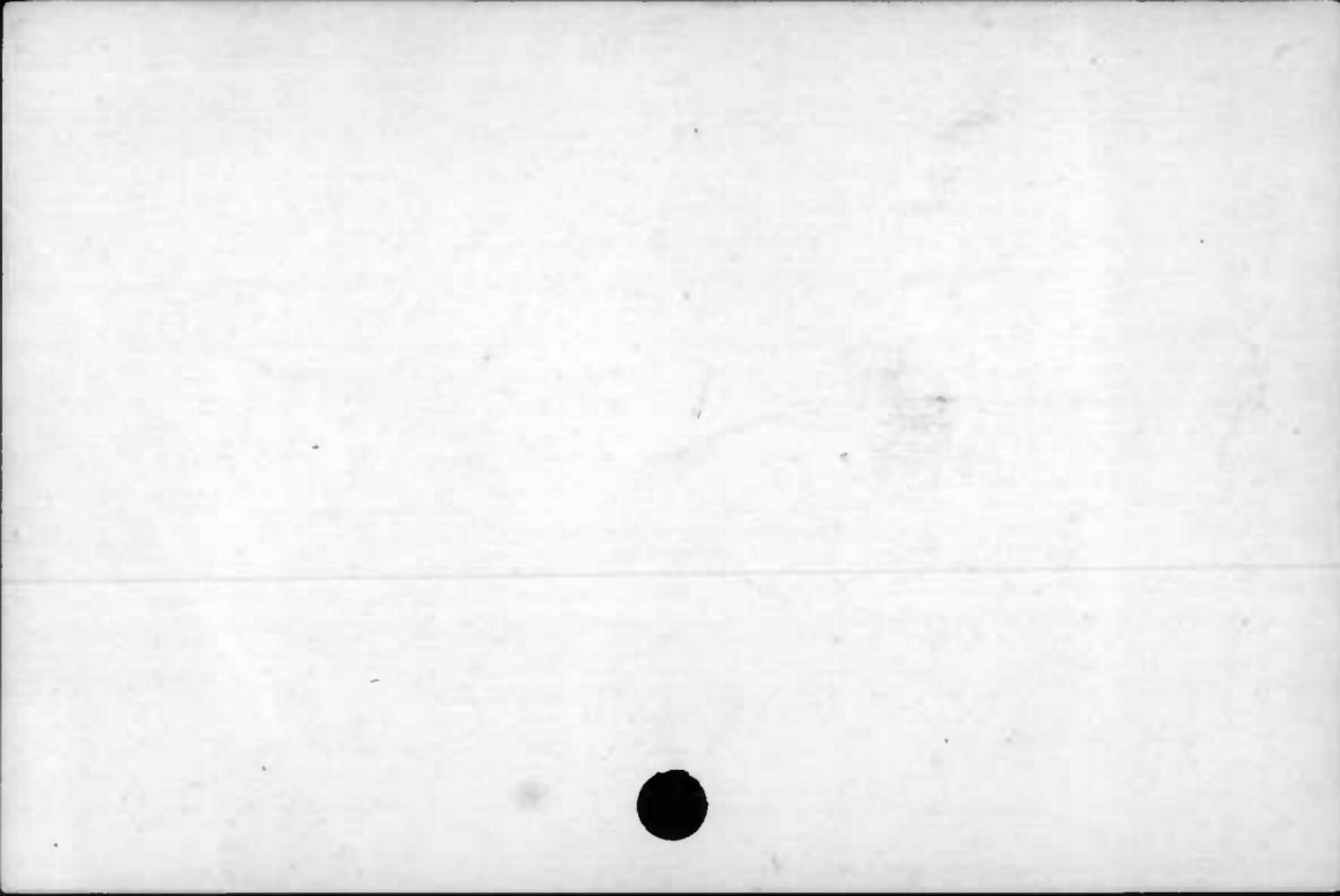
TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND
Died at St Michaels	Talbot		
Date of death 1905 Aug	Month 3	Day 2	Years _____
Age _____	Months _____	Days 15	
Sex Female	Color or R	Negro	Birth-place St Michaels
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed Single	Name of Wife or Husband Now	Father's Name Own Roberts	Father's Birthplace New St Michaels
Mother's Maiden Name Edith Miles		Mother's Birthplace Somesb Co	
Name of person giving information Beatrice Roberts	How related to deceased Nester		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long ten days
Immediate	Same		How long _____
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address	J C Davis St Michaels Md
Accident or Suicide?			



Name  
in  
Full

Thomas Chapman Stevens

CERTIFICATE OF DEATH

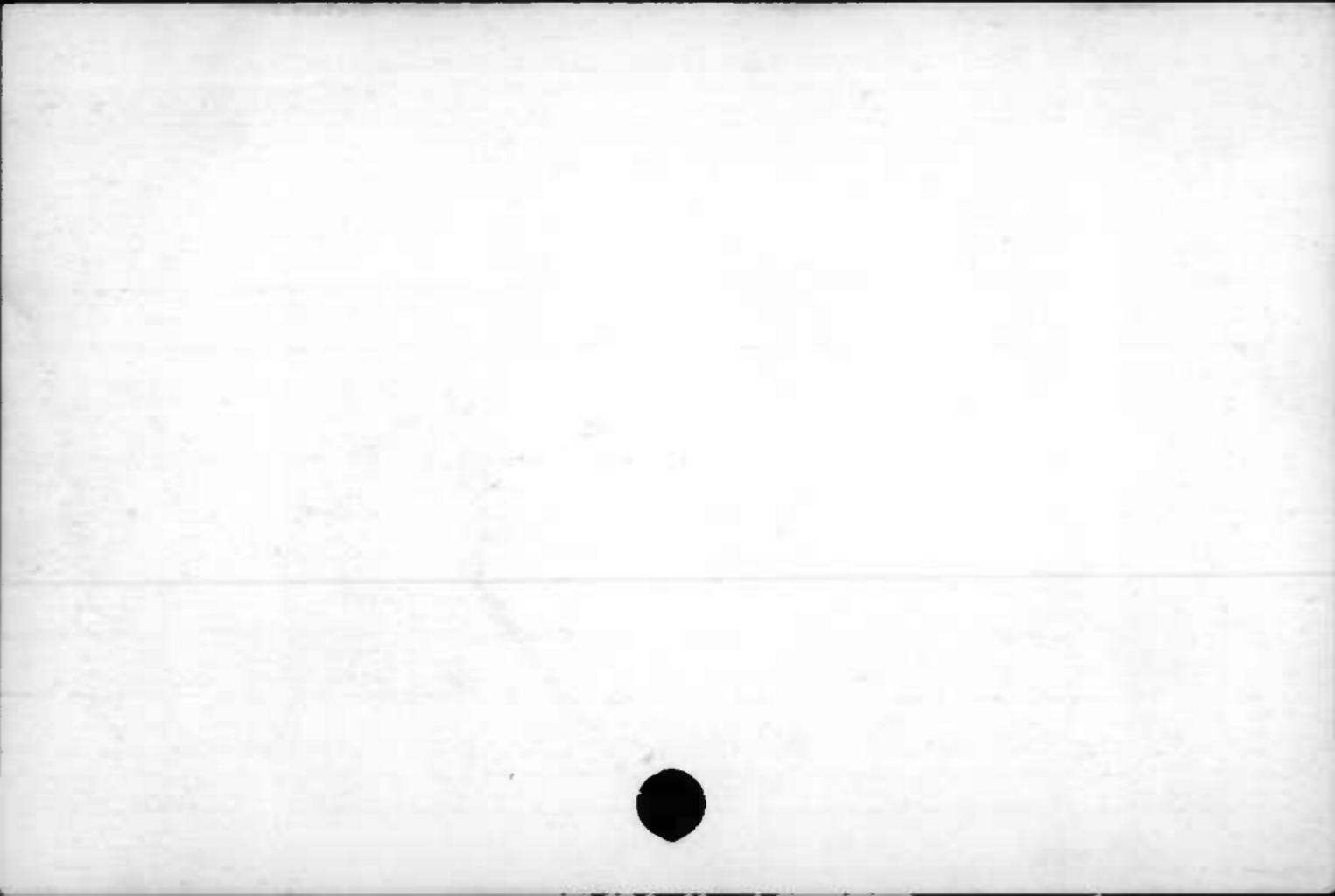
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Trappe</i>	County <i>Talbot</i>	MARYLAND		
Date of death	Month <i>Aug.</i>	Day <i>10</i>	Age <i>4</i>	Years	Months <i>3</i>
Sex	Male	Color or Race <i>American</i>	Birth- place <i>Baltimore</i>	Days <i>—</i>	
Occupation	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Thos. C. Stevens</i>		Father's Name <i>Thos. C. Stevens</i>	Father's Birthplace <i>Talbot Co.</i>	
Mother's Maiden Name	<i>Bessie C. Mullikin</i>		Mother's Name <i>Bessie C. Mullikin</i>	Mother's Birthplace <i>Talbot Co.</i>	
Name of person giving Information	<i>George Stevens</i>		How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Drowning <i>172</i>	How long <i>few minutes</i>
Immediate	asphyxia <i>yes</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm S. Seymour</i>	Address <i>Trappe</i>
Accident or Suicide?	<i>accident</i>	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Mary E Sullivan

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Aly Sullivan			
Father's Name	Howard Wayman				
Mother's Maiden Name	Mary Wayman				
Name of person giving information	Aly Sullivan				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

2 years

Immediate

Hemorrhage

How long

7

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

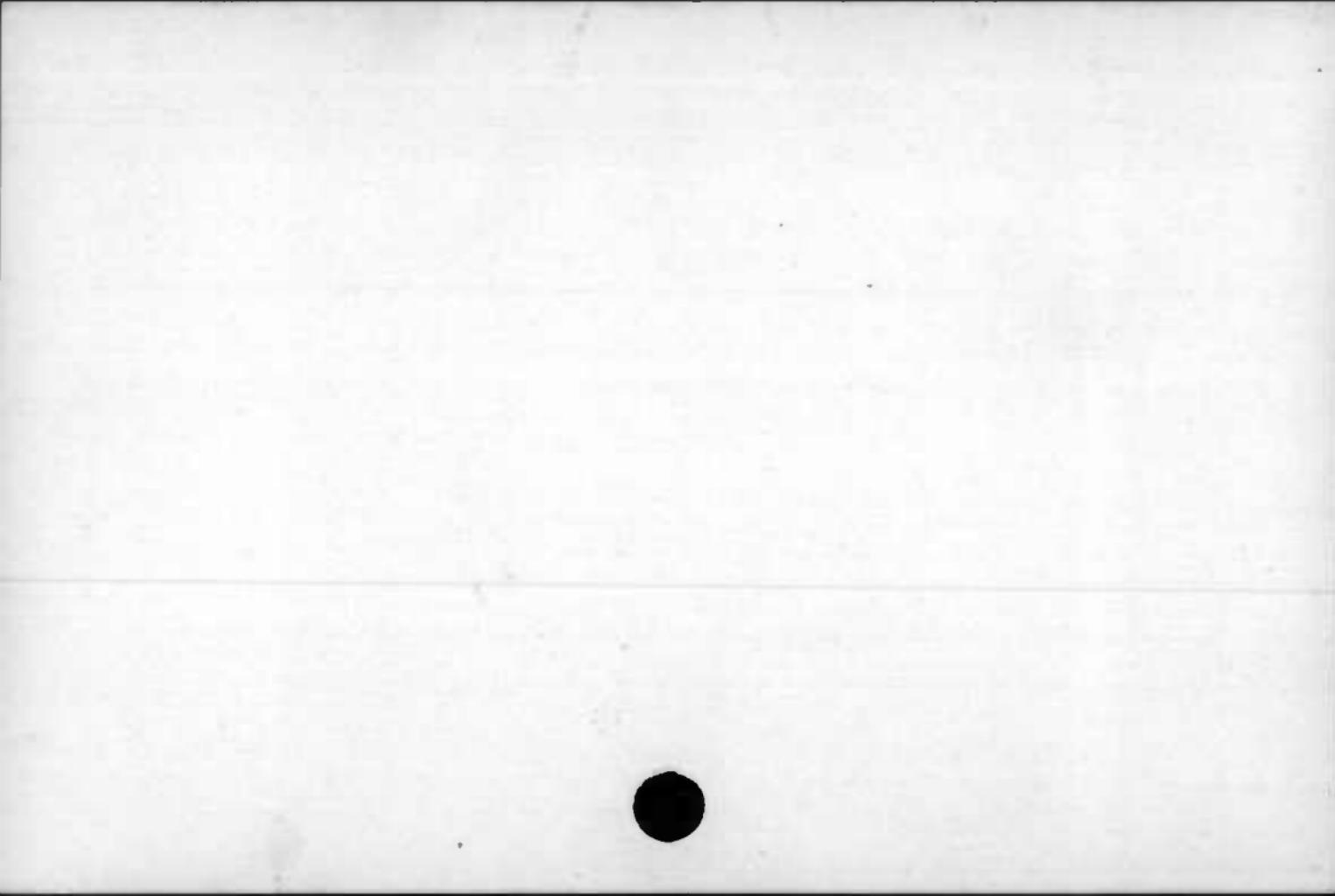
A. A. Hughes

Undertaker

Easton Maryland

Yes

Accident or Suicide?



Name  
in  
Full

Faith Ward Treganowan

CERTIFICATE OF DEATH

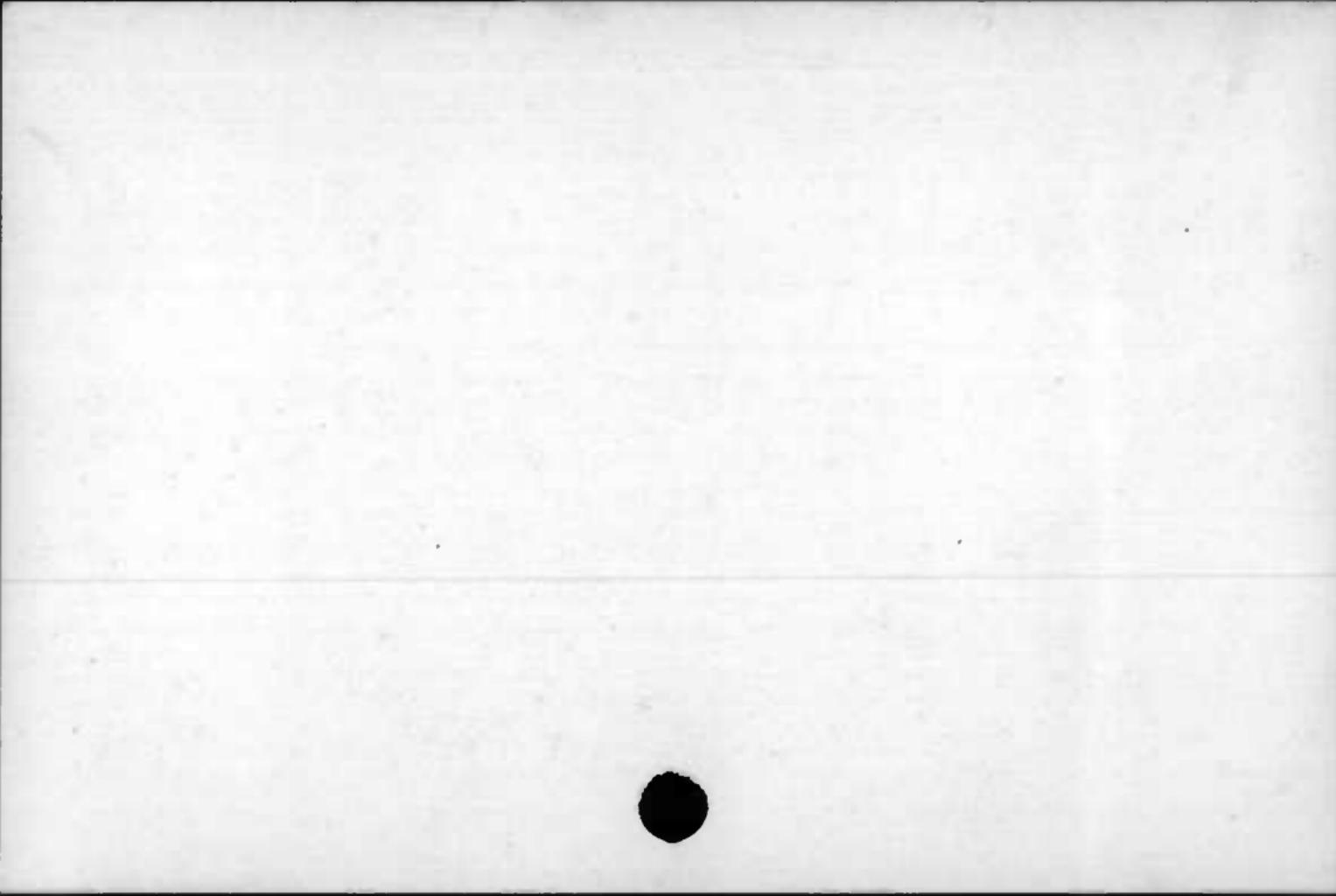
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	0	1	6	
Occupation	Where Residing if not at place of death	—				
Married, Single or Widowed	Name of Wife or Husband	—				
Father's Name	John R. Treganowan	Father's Birthplace	Penn.			
Mother's Maiden Name	Mary E. Tisk	Mother's Birthplace	Baltimore, Md.			
Name of person giving Information	John R. Treganowan	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Imperfect Closure of Foramen Oval		How long	Since Birth
Immediate	Asphyxia		How long	50 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas. J. Davidson
			Address	Easton - Md.
Accident or Suicide?				



Name  
in  
Full

William Edward Weston

CERTIFICATE OF DEATH

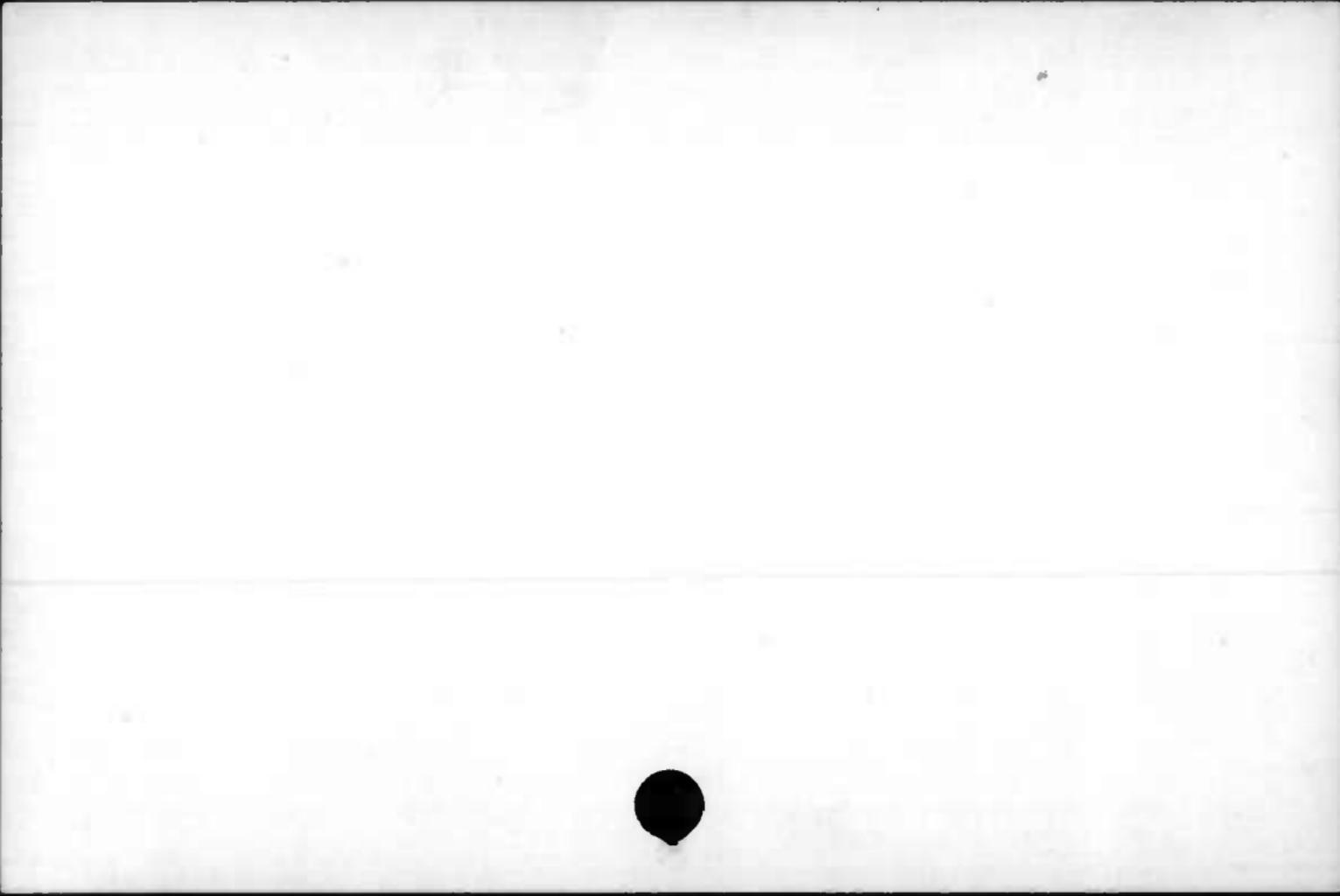
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Easton	Talbot			
Date of death	Month	Day	Years	Months Days
1905	August	10th	Age 90	8
Sex	Male	Color or Race	White	Birth-place
Occupation	Retired	Where Residing if not at place of death	Resided at place of death	
Married, Single or Widowed	Widower	Name of Wife or Husband	X	
Father's Name	X	Father's Birthplace	X	
Mother's Maiden Name	X	Mother's Birthplace	X	
Name of person giving information	Bell Whitman	How related to deceased	Grandson	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age	How long	X
Immediate	X	How long	✓
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes.	Address	A. A. Hough	
Accident or Suicide?	X	Mistake	



Name  
in  
Full

Elvrey Virginia Worley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place		
Occupation	Clerk	Where Residing if not at place of death			Ridgely, Md	
Married, Single or Widowed	S	Name of Wife or Husband				
Father's Name	Elvrey, Worley			Father's Birthplace		
Mother's Maiden Name	Julia R. McReary			Mother's Birthplace		
Name of person giving information	E.J. Worley			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis		How long	3 weeks
Immediate	Exsanguination		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
		JAS. ELLIOTT	Eversley, Md	
Accident or Suicide?				

